DOCUMENT RESUME

ED 367 488 PS 022 146

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TITLE Program for Infant/Toddler Caregivers. Trainer's Manual, Module II: Group Care.
INSTITUTION California State Dept. of Education, Sacramento.; Far West Lab. for Educational Research and Development, San Francisco, CA. Center for Child & Family Studies.
REPORT NO ISBN-0-8011-1076-9
PUB DATE 93
NOTE 164p.; For Module I, see PS 022 145.
AVAILABLE FROM California Department of Education, Bureau of Publications, Sales Unit, P.O. Box 271, Sacramento, CA 95802-0271 ($17.75 manual; $259 for package containing four videos, four accompanying video magazines, and two curriculum guide; California residents must add sales tax.)
PUB TYPE Guides - Classroom Use - Teaching Guides (For Teacher) (052)

EDRS PRICE MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS *Caregiver Role; Child Caregivers; *Day Care; Day Care Centers; Early Childhood Education; Family Day Care; *Group Dynamics; *Infants; *Teacher Education; Teacher Education Programs; Teaching Guides; *Toddlers; Trainers; Videotape Cassettes
IDENTIFIERS California State Department of Education; *Group Day Care

ABSTRACT

This trainer's manual covers module II of the Program for Infant/Toddler Caregivers (PITC), a four-module video training course for providers of family and center day care. The manual is intended to be used by module instructors and includes an overview of the PITC and instructions for using the manual and its accompanying videos. The module contains 16 lessons, most of which are designed to be covered in 45- to 90-minute sessions. The Infant/Toddler Groups," which contains four lessons on creating intimacy in groups, primary care, small groups, and continuity of care; (2) "The Environment," which includes three lessons on planning and setting up the physical environment; (3) "Routines," which includes six lessons on the importance of greetings and departures, dressing and bathing, health and safety, record keeping, and recognizing child abuse; and (4) "Respectful Care," which contains three lessons on goals, observation of children, and self-motivated learning. An outline of the four accompanying videos for this module, and pricing and ordering information for all four PITC modules, are also included. (MDM)

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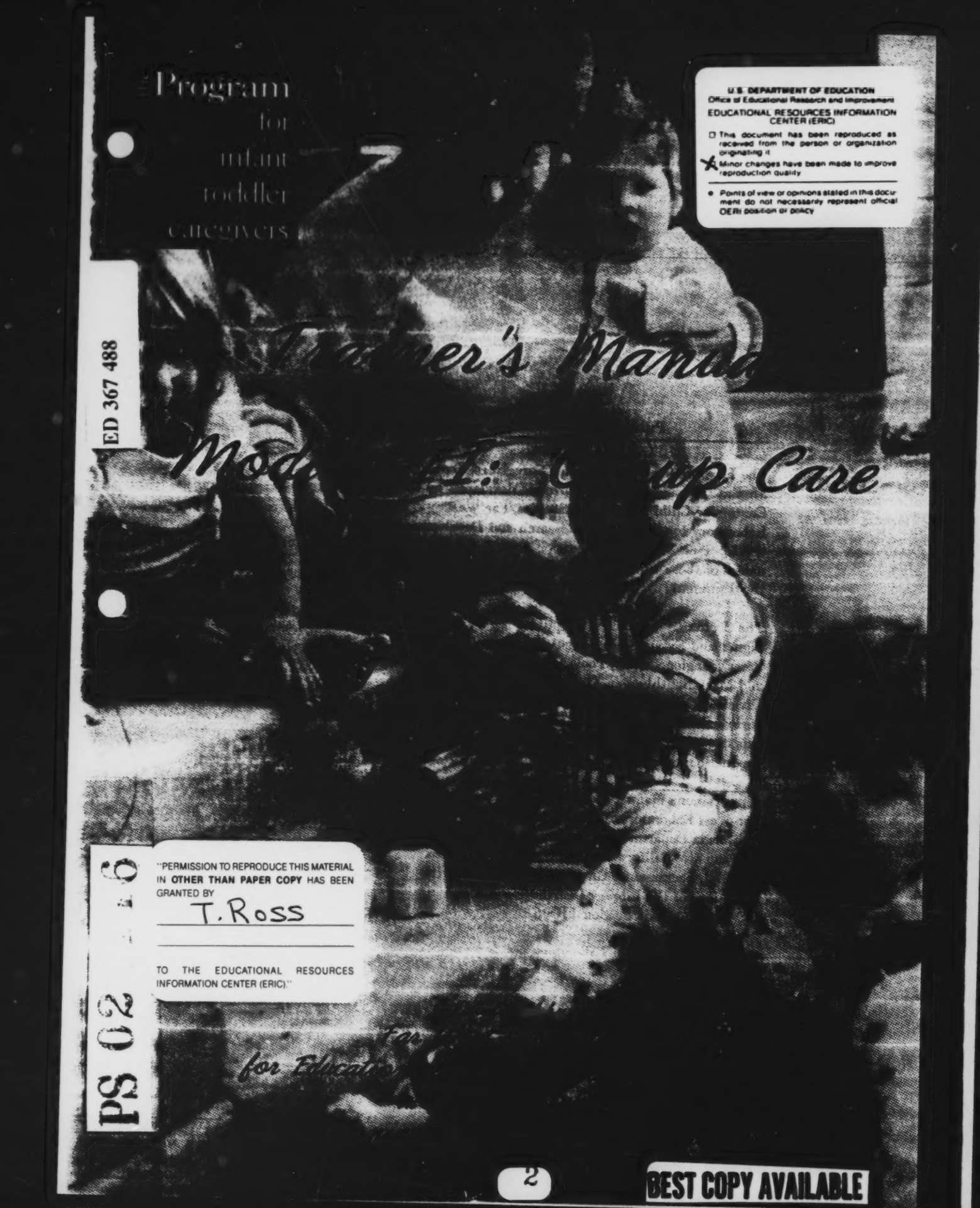

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Publishing Information

The Program for Infant/Toddler Caregivers' *Trainer's Manual, Module II: Group Care* was developed by the Center for Child and Family Studies, Far West Laboratory for Educational Research and Development (FWL). (See Acknowledgments on page iii for the names of those who made significant contributions to the document.)

The document was edited for publishing by Sheila M. Signer and Sylvia Stein Wright in cooperation with Peter Mangione. Janet Poole, Executive Administrator, and Mary Smithberger, Consultant, Child Development Division, California Department of Education, reviewed and made recommendations on the content of this document. Kathleen Bertolucci managed the production and design.

This trainer's manual was prepared for publication by Far West Laboratory. It was distributed by the California Department of Education, 721 Capitol Mall, Sacramento, California (mailing address: P.O. Box 944272, Sacramento, CA 94244-2720) under the provisions of the Library Distribution Act and Government Code Section 11096.

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ISBN 0-8011-1076-9

Ordering Information
Copies of this publication are available for $17.75 each, plus sales tax for California residents, from the Bureau of Publications, Sales Unit, California Department of Education, P.O. Box 271, Sacramento, CA 95802-0271 (phone: 916-445-1260).

Table of Contents

Preface		ii
Acknowledgments		iii
The Training Modules		iv
Module II: Group Care – Materials Needed		v
Using the Manual		vi
I. Organizing Infant/Toddler Groups		1
Lesson 1	Together in Care: Creating Intimacy in Groups	2
Lesson 2	Together in Care: Primary Care	7
Lesson 3	Together in Care: Small Groups	11
Lesson 4	Together in Care: Continuity of Care	17
II. The Environment		23
Lesson 5	Space to Grow: Key Concepts	24
Lesson 6	Planning Your Infant/Toddler Care Setting	37
Lesson 7	Setting Up Specific Areas	51
III. Routines		57
Lesson 8	It's Not Just Routine	58
Lesson 9	Greetings and Departures	65
Lesson 10	Dressing and Bathing	71
Lesson 11	Health and Safety	77
Lesson 12	Record Keeping	89
Lesson 13	Special Issues with Children and Families	99
IV. Respectful Care		109
Lesson 14	Respectfully Yours, Part I - Goals	110
Lesson 15	Respectfully Yours, Part II - Observation	115
Lesson 16	Respectfully Yours, Part III - Self-Motivated Learning	121
Video Outlines: A Guide to Finding Video Segments		125
Together in Care		126
Space to Grow		131
It's Not Just Routine		136
Respectfully Yours		139
The Program for Infant/Toddler Caregivers: Module Training Intensives		147
Purchasing Program Materials		147
Order Form		148

Preface

The Program for Infant/Toddler Caregivers began at Far West Laboratory (FWL) in 1986, prompted by concerns at the California Department of Education's Child Development Division (CDD) about the quality of available infant care. At that time, more than 50% of mothers with children under age three were working outside the home, and the number of people trained to provide high-quality child care did not begin to meet the demand. To fill this need, FWL and CDD joined to develop a comprehensive training system for providers of care to infants and toddlers in both family child care and center programs. An assessment of training needs among child care providers and a review of existing materials led to the selection of video as the centerpiece for the Program for Infant/Toddler Caregivers' training system. In order to reach as many child care providers as possible, the videos are created in Spanish and Chinese as well as in English. The videos are complemented by video magazines, caregiver guides, trainer's manuals, and various other written materials.

A major component of the training system is a series of trainer intensives conducted by FWL and CDD four times a year in California and at various times in other states throughout the nation. The vision guiding the Program's products and training system is that of providing quality care that meets infants' needs for warm, supportive relationships in an intimate setting. Designed specifically for professional caregivers of children under the age of three, the videos, print materials, and training programs are based on the latest child development theory, research, and practice. Each product has been created to assist caregivers in both understanding and carrying out day-to-day care (e.g., setting up environments, building relationships with parents and children, facilitating cognitive development, ensuring safety and health). The training materials have also been found to be useful with parents and other professionals.

At present, there are four training modules in the Program for Infant/Toddler Caregivers: I: Social-Emotional Growth and Socialization; II: Group Care; III: Learning and Development; and IV: Culture, Family, and Providers. Each training module contains one or more caregiver guides, one or more training videos, and a trainer's manual specifically developed for that module.

Except for the trainer's manuals, every component of the training system can stand alone as a training tool. The trainer's manuals are supplementary to the other Program for Infant/Toddler Caregivers' training materials. They provide suggestions, lesson plans, and additional materials to assist you in using the Program for Infant/Toddler Caregivers' videos, caregiver guides, and other materials in training. The manual you have before you reflects training strategies shown in research and in practice to be effective tools for adult learning. It is a vital organizing link that will help you implement training with the materials of the Program for Infant/Toddler Caregivers.

J. Ronald Lally, Ed.D.
Director
The Program for Infant/Toddler Caregivers
Far West Laboratory for Educational Research and Development

Acknowledgments

This publication was developed by the Center for Child and Family Studies, Far West Laboratory for Educational Research and Development, under the direction of Dr. J. Ronald Lally.

Special thanks go to Donna Lloyd-Kolkin and Sheila M. Signer, who played the major role in writing this document; Carol Lou Young-Holt and Peter L. Mangione for additional writing and editing; Kathleen Bertolucci, Karla Nygaard, and Shannon Kilkenny for design and editorial assistance, and Jeffrey Israely for editorial assistance; Janet Poole and Mary Smithberger, Child Development Division, California Department of Education, for their review and recommendations on content; and Sheila Signer, for the photographs. Thanks are also extended to the members of the National and California Advisory Panels for their comments and suggestions. The National Advisory Panel includes T. Berry Brazelton, Laura Dittmann, Richard Fiene, Magda Gerber, Asa Hilliard, Alice Honig, Jeree Pawl, Eleanor Szanton, Yolanda Torres, Bernice Weissbourd, and Donna Wittmer. The California Advisory Panel includes Dorlene Clayton, Dee Cuney, Ronda Garcia, Jacquelyne Jackson, Lee McKay, Janet Nielsen, Pearlene Reese, Maria Ruiz, June Sale, Patty Siegel, and Lenore Thompson.

The financial support of the Ford Foundation for the development and piloting of this manual is gratefully acknowledged.

The Training Modules

Module I: Social-Emotional Growth and Socialization

Curriculum Guides:
Infant/Toddler Caregiving: A Guide to Social-Emotional Growth and Socialization
Module I Trainer's Manual

Videos & Video Magazines:
First Moves: Welcoming a Child to a New Caregiving Setting
Getting in Tune: Creating Nurturing Relationships with Infants and Toddlers
Flexible, Fearful, or Feisty: The Different Temperaments of Infants and Toddlers

Module II: Group Care

Curriculum Guides:
Infant/Toddler Caregiving: A Guide to Routines
Infant/Toddler Caregiving: A Guide to Setting up the Environment
Module II Trainer's Manual

Videos & Video Magazines:
It's Not Just Routine: Feeding, Diapering, and Napping Infants and Toddlers
Respectfully Yours: Magda Gerber's Approach to Professional Infant/Toddler Care
Together in Care: Meeting the Intimacy Needs of Infants and Toddlers in Groups
Space to Grow: Creating a Child Care Environment for Infants and Toddlers

Module III: Learning and Development

Curriculum Guides:
Infant/Toddler Caregiving: A Guide to Cognitive Development and Learning
Infant/Toddler Caregiving: A Guide to Language Development and Communication
Module III Trainer's Manual

Videos & Video Magazines:
Discoveries of Infancy: Cognitive Development and Learning
Early Messages: Communicating with Infants and Toddlers (working title)
The Ages of Infancy: Caring for Young, Mobile, and Older Infants

Module IV: Culture, Family, and Providers

Curriculum Guides:
Infant/Toddler Caregiving: A Guide to Culturally Sensitive Care
Infant/Toddler Caregiving: A Guide to Creating Partnerships with Parents
Module IV Trainer's Manual

Videos & Video Magazines:
Essential Connections: Ten Keys to Culturally Sensitive Child Care
Sharing the Care: Parent-Provider Relationships in Infant/Toddler Care (working title)

Resource Materials:
Visions for Infant/Toddler Care
Infant/Toddler Caregiving: An Annotated Guide to Media Training Materials
Infant/Toddler Program Quality Review Instrument

Module II: Group Care - Materials Needed

In order to use this manual effectively, you will need the following materials:

Print

Infant/Toddler Caregiving: A Guide to Routines

Infant/Toddler Caregiving: A Guide to Setting Up Environments

Visions for Infant/Toddler Care: Guidelines for Professional Caregiving

Infant/Toddler Caregiving: An Annotated Guide to Media Training Materials

Video magazines for each of the videos for each trainee

Video

It's Not Just Routine:
Feeding, Diapering, and Napping Infants and Toddlers

Space to Grow:
Creating a Child Care Environment for Infants and Toddlers

Respectfully Yours:
Magda Gerber's Approach to Professional Infant/Toddler Care

Together in Care:
Meeting the Intimacy Needs of Infants and Toddlers in Groups

Using the Manual

The heart of this trainer's manual is a series of lesson plans to help you organize your training efforts related to the Program for Infant/Toddler Caregivers' *Training Module II: Group Care*. The lessons are organized in four content areas:

- Organizing Infant/Toddler Groups
- The Environment
- Routines
- Respectful Care

Although the four content areas may be introduced in any order, once an area is selected, it is suggested that you follow the lesson sequence. Each area starts with a video lesson and follows with lessons built on the key concepts presented in the video lessons, accompanying caregiver guides, and other materials.

Because each trainer's setting will differ, the lesson plans should be viewed as a general guide that you can adapt to your own particular needs. You do not need to follow each lesson to the letter in order to be effective, nor should you simply read the instructions word for word to those you are training.

With the exception of Lesson 8, "It's Not Just Routine," each lesson plan addresses material that can be covered in 45-90 minutes with a group of 10-15 people. These are rough time estimates because many variables will impact on lesson length, including group size. Lessons have been done with as many as 80 people. Larger groups will, of course, take more time, particularly if there are small group activities involved, because more groups will be reporting their discussions to the whole group. If you have less time available than is indicated, it is recommended that you extend the lesson over more than one session. Don't rush.

Prepare for each training session by first reading through the lesson and deciding how you will adapt it to your needs. Think about how many participants you will be training, in what setting, and for how long. For example, suppose you are training 10 caregivers from the same center at a weekly staff meeting, and you have about 45 minutes to spend. You can select one lesson for that time period. If the lesson calls for it, you can break the group into smaller groups for certain activities and discuss how the information applies to this particular setting. On the other hand, if you are training 50 caregivers in a full-day session given in an auditorium with fixed seating, you will want to combine several lessons and evaluate how well you can implement small group activities. You may need to rely more heavily on lecture and video presentations, and you will want to use more visual aids.

As you read through each lesson plan, note what kind of materials you will need and what kind of preparation you will be required to do in advance. Video lessons, for example, require you to have a videocassette recorder (VCR) in good working order and to know how to hook it up. Other lessons may call for an overhead projector and transparencies. Transparencies are particularly helpful if you are working with a large group because they allow you to show the same material to everyone simultaneously. If you do not have access to an overhead projector, you can still teach the lesson by passing out a copy of the handouts to every participant and reviewing the information together.

You will need to duplicate handouts in advance for almost every lesson. Handouts are important reminders to the participants of the key information presented in the lesson. Have participants use a looseleaf binder to hold their handouts. Participants' willingness to retain the handouts for future reference will be facilitated if you punch holes in the handouts in advance.

Using the Videos

Video is a powerful training tool, especially in a caregiver training program, because caregivers can view infant behavior and quality caregiving in action. An essential component of learning about how to care for young children is becoming a sensitive observer of them. Videotaped materials can help the viewer become that sensitive observer by providing both visual effects and narration to draw attention to subtleties of infant behavior. Video can both inform and inspire, engaging the interest of caregivers and presenting positive role models to them. To maximize the effectiveness of using video in your training, plan ahead.

Before the Video Lesson

1. Always preview the video and read the video magazine before you use it in a lesson. During the preview, decide which portions you wish to use. Think about whether you want participants to view the entire tape at once or whether you would prefer to stop the video at preselected points for discussion. Generally, it is recommended that you show the video in segments, taking time to discuss each portion as you go along.

2. Consult the *Annotated Guide to Media Training Materials* for other films, filmstrips, or videos on the topic of your training. Distributors of audiovisual materials often have a free or low-cost preview policy that will allow you to review the video's usefulness to you without incurring a major cost. By referring to these resources, you should be able to acquire a great deal of background knowledge that will allow you to feel confident about leading a discussion on each section of the video as well as to build more complex lessons by drawing on scenes from other videos, should you desire to do so.

3. Use the video outlines. The last section of this manual contains an outline of each of the videos in this module. Included in the outline are references to the various scenes in the video and references to page numbers in the accompanying caregiver guides where you may find an expanded discussion of the topic presented in the video. There is also reference made to videos or caregiver guides in the other three modules that may prove useful.

4. Consider whether there are specific points illustrated in the video that you wish to emphasize. If so, you may use the "pause" button on the VCR to stop the action while you conduct this part of the lesson.

5. Plan how you will introduce the video, what kinds of questions you will ask prior to showing it, and what activities or questions you will use after showing it to help participants integrate the material they have just viewed.

6. Consider how many people you will be training and the size of monitor(s) you will need so that everyone can see and hear clearly. In the Program for Infant/Toddler Caregivers' videos, facial expressions and subtle verbal and nonverbal cues are particularly important components of the training and need to be seen and heard. Ensure that participants sit close to the monitor and that you get as large a monitor as possible.

7. Check to be sure that the video equipment is in good working order and that you know how to use it.

8. Cue the video to the point in the tape that you plan to show first. **Note:** To help you find the scenes you wish to use in training sessions, the video outlines at the back of this document give a number that tells, in real time, how far into the tape the scene is (e.g., 9:30, nine and a half minutes). A verbal description of the point in the video is also given. During your preview of the video you may wish to make a note of the counter number on your own VCR corresponding to the scenes you want to show. Begin by resetting the counter to 00 just before the video's opening scene (after the seals, etc.). Until counters are standardized for all VCRs, this will continue to be an inconvenience to trainers.

The Video Lesson

1. Conduct the pre-viewing discussion or activities you have selected to help participants focus on particular points covered in the video.

2. Play the precued video.

3. Stop the video at preselected points, if you have previously decided to do so, to emphasize key ideas or discuss what has just been seen.

4. Use the video magazines that summarize each video. These eight-to-ten-page pamphlets are excellent handouts and should be given to each participant when a video is first introduced. Because all the major points of the video are presented in the video magazines, using them makes note taking on basic content unnecessary. This releases participants to pay attention to and/or jot down the trainer's or their own reactions to the content.

Following the Video

1. Discuss and answer participants' questions raised by the video.

2. Implement the follow-up activities you have selected.

3. You may choose to replay the video following discussion or other activities. Viewers often see new points that they had previously missed.

Anticipated Outcomes

This manual should help you use the Program for Infant/Toddler Caregivers' training materials. It was written to aid you in creating your training plans. We hope it will not be seen as a set of rules to be rigidly followed. As you become familiar with the training materials, we hope you will create many different lessons combining the video and print materials from this module and the other modules in special ways to suit your needs. These types of creative efforts are encouraged and are seen as essential in keeping your training efforts dynamic and fresh.

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I

Organizing Infant/Toddler Groups

To ensure that they become healthy, emotionally secure individuals, it is critical to establish intimate relationships between infants and significant others in their lives. These significant others include their caregivers and peers in the child care setting. Group care that meets the intimacy needs of infants does so by assigning a primary caregiver to each infant, providing care in small, intimate groups, and having the same caregiver for the child from infancy through toddlerhood.

The four lessons of this section are based on the video *Together in Care: Meeting the Intimacy Needs of Infants and Toddlers in Groups*. In the first lesson, the concepts of primary care, small groups, and continuity of care are introduced. Each concept is then treated in greater depth in one of the three following lessons.

Lesson 1 Together in Care: Creating Intimacy in Groups

Overview: This lesson focuses on the infant's and toddler's crucial need for intimacy (i.e., close, familiar relationships). The lesson begins with participants identifying characteristics of relationships that are most important to themselves. The video *Together in Care* is shown in three segments, stopping for discussion between them. The three elements of intimacy in group care are treated in greater depth in future lessons.

Philosophy: The security of a child's attachment to primary caregivers provides a base for the child's social-emotional development, as well as for all other learning. Group care that occurs in an intimate setting with primary, continuous caregiving fosters the growth of such attachments.

Key Concepts:

- Primary care, the assignment of a special caregiver to each child, encourages the forming of close relationships. It also fosters the development of closeness and trust between caregivers and the child's family.
- Small groups provide a calmer and more relaxed setting for infant/toddler care and make it easier for the children and caregivers to get to know each other well and form emotional bonds.
- Continuity of care keeps primary caregivers and their assigned children together over time, so that loving relationships between caregivers and children and between the children themselves can develop. In addition, daily interchanges with familiar adults and children give the child's world a comforting and empowering predictability.

Materials: *Together in Care: Meeting the Intimacy Needs of Infants and Toddlers in Groups*

Videocassette recorder and monitor

Chalkboard/chalk or easel paper/pens

Time: 60-90 minutes

Preparation: Read through this lesson to acquaint yourself with the concepts that will be discussed. Preview the video and read the video magazine.

OPTIONAL: Additional resources on the importance of intimacy in infant/toddler care may be desired to enhance the four lessons on *Together in Care*. See the following:

"Infant Child Care," Carollee Howes, *Young Children*, September 1989

"The Psychological Birth of the Human Infant," film (see the Program for Infant/Toddler Caregivers' *Infant/Toddler Caregiving: An Annotated Guide to Media Training Materials*)

"The Importance of Relationship," Jeree Pawl, *Zero to Three*, Vol. 10, No. 3, February 1990

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Procedure:

Introduce the lesson with a personal reflection about a nurturing relationship.

1. Ask participants to relax, close their eyes, and think about a loving, nurturing relationship with someone now or in the past that made them feel good about themselves and the other person. Ask them to reflect for a few moments on this relationship. What made it so positive for them? How did it help them?

Participants discuss the characteristics of nurturing relationships.

2. Now ask participants to open their eyes and talk about the characteristics of relationships that are loving and nurturing. Write their responses on the board or easel paper. If participants are not willing to share openly, begin by talking about the characteristics of a relationship you identified. The following are some characteristics of loving, nurturing relationships:

- A comfortable familiarity in being together
- Respect for each other's unique personality
- Being there for each other in troubled times
- Attention and concern for each other's feelings
- Being accepted for the person you really are, without pretense

Participants discuss why such relationships are important for infants and toddlers.

3. Next ask participants to suggest reasons why these types of relationships might be especially important for infants and toddlers. Write these reasons on another sheet of easel paper. If the following issues are not raised, add them to the list:

   - Intimate relationships with other people are the foundation of our emotional health and well-being. When a child is exposed to one caregiver after another, the child becomes at risk for social and emotional problems.
   - Attachment to caring adults is critical to both the intellectual and the social development of infants. Children who are grieving for a missing caregiver are often too fearful to explore their world.
   - Children who repeatedly lose trusted caregivers may become reluctant to establish new bonds.

Introduce the video.

4. Explain that because infants in child care spend so much time in groups, it is important for these groups to be organized in ways that promote the development of intimate relationships. The video *Together in Care* presents some significant ideas about how to achieve this, which will be discussed in greater depth in future lessons. This viewing is an introduction to the concepts, some of which may be familiar to the viewers and some of which may be new.

   It is important to point out to participants that many programs will not be able to comply immediately with the recommendations given in the video. These are goals we all need to work toward.

Show first video segment.

5. Show the video from the beginning to the end of the section on primary care (about 8:33 minutes into video).

Lead a group discussion about the experience of primary care.

6. Ask how many of the participants work in programs that assign a caregiver to each child. Of those who do not have primary care, what really stood out for them? What do those who work in a primary care system think about this type of care? Write these comments on chalkboard or easel

paper. On the left side, leaving space to write several comments, put "Primary Care," "Small Groups," and "Continuity." Across the top, write "Advantages" and "Challenges."

Show the second video segment.

Participants discuss small groups.

7. Continue showing the video through the end of the section on small groups (about 15:59 minutes into the video). Ask how many participants work in small groups. Elicit comments on the issues involved in providing care in small groups, and fill in the chart as above.

Show the third video segment and discuss.

8. Continue showing the video from the beginning of the section on continuity of care (about 16:43 into the video) to the end. Ask how many participants work in programs that provide this type of continuity. Ask for comments on continuity, and write them on the chart as above.

Assign participants to write their reactions to issues in this lesson in preparation for the next lesson.

9. Ask participants to write down some thoughts about these things for next time, and explain that, in future lessons, they will have a chance to explore in greater depth their concerns and questions about putting primary care, small groups, and continuity of care into practice.

Pass out video magazine.

10. Make sure each participant has a copy of the *Together in Care* video magazine which summarizes the points of this lesson.

Lesson 2 Together in Care: Primary Care

Overview:

This lesson focuses on the importance of a primary care system for giving infants and toddlers in child care the personal relationships and responsive care they need to thrive. The lesson begins with a discussion of the assignment from the last lesson, then reviews the responsibilities of a primary caregiver. Segments of other Program videos may be shown to expand understanding of the importance of primary relationships in everyday caregiving. Participants explore primary care from various perspectives. Finally, volunteers are recruited to role play a problem that can occur in a primary care system.

Philosophy:

Through primary care, the caregiver, the child, and the child's family begin to develop bonds of comfort, familiarity, trust, and love. The relationship between a child and the primary caregiver is deepened through the sharing of daily routines. The caregiver is also the primary person to relate to the child's family.

Key Concepts:

- An infant needs a primary caregiver at all times during the day. When shifts change, a second caregiver is assigned.
- Having a special relationship helps all children, but especially those who are very young, new to a group, cautious, feisty, or have other special needs.
- Primary care works best when caregivers work together as a team. They support each other in many ways as they care for their assigned children through the day. It also helps the children to have a second caregiver with whom they feel comfortable, when their own caregiver is not there.

Materials:

OPTIONAL:
Flexible, Fearful, or Feisty
Getting in Tune
It's Not Just Routine

Videocassette recorder and monitor

Chalkboard/chalk or easel paper/pens

Handout #1, Making Primary Caregiving Work

Time: 60-90 minutes

Preparation:

Read through this lesson so that you are familiar with the issues to be discussed. Review feedback on primary care offered by participants at the previous session. Refer to additional resources in the video outline of *Together in Care*, Primary Care section, at the back of this manual for assistance in responding to participants' concerns.

Review the Primary Care section of the video, and reread the video magazine on that topic.

Cue the video to the segment on primary care (about 2:24 minutes into the video) before the training session so you will be ready to start.

Display the feedback list from the previous session.

Make a copy of Handout #1 for each participant.

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Procedure:

Review homework assignment from Lesson 1.

1. Begin by asking for participants to report back on the assignment. What did participants think and feel when they had a chance to reflect about the message of the video *Together in Care*?

Show the video segment.

2. Show the video *Together in Care: Meeting the Intimacy Needs of Infants and Toddlers in Groups*, Primary Care section (about 2:24 minutes through 8:33 minutes into the video), stopping at any points relevant to questions previously raised by participants. Discuss these points, and check off on the chart from the last session any issues that may be resolved in this discussion and viewing.

Participants reflect individually on primary care from various perspectives.

Volunteers form a small group to share their ideas before the large group.

3. Ask participants to count off numbers one through four. Ones are the child; twos are the parent; threes are the caregiver; fours are the program manager. Allow five minutes for participants to think and write about how they would feel about primary care from their respective roles. At the end of the time, ask for one volunteer from each role to form a group at the front of the room to share their insights and perspectives.

Small groups discuss the challenges of practicing primary care.

4. Now, tell participants that the group is going to tackle some of the challenges of putting primary care into practice. Ask them to form small groups and choose one unresolved "challenge" from the chart to discuss. Assign one person from each group as the representative to report back to the whole group. Make sure all "challenges" are discussed by at least one group. If some participants already work in primary care systems, they should go into groups with participants to whom this concept is new. Additional topics for discussion may include:

   - How to set up a primary care system where one does not exist
   - What happens when the primary caregiver is not present
   - How to deal with a caregiver's feelings of possessiveness toward a child
   - What to do when a caregiver ignores a child's distress because she or he is not "her" child

Representatives of each group report back to the larger group on their discussions.

5. Bring the group back together for sharing of reports. As each group representative speaks, write the "challenge" and the group's suggestions. Thank participants for their work in trying to resolve these difficult issues. Remind them that any system involving people is difficult to change. The important thing is to keep working toward solutions together.

Assign Handout #1 as homework. Review handout with group.

6. Pass out Handout #1. Before the next session, ask participants to use it to describe how primary care works or could work in their programs. If they don't have primary care assignments, ask them to list three to five children in their group who might comprise a primary care group. If they do have primary care, list the children in their care.

Handout #1
Making Primary Care Work

Use this form to think and write about some of the most important aspects of primary caregiving and how you can make it work in your program. **If your program does not have primary care at this time, relate to the questions as if you were a primary caregiver of a small group of children.**

1. List three to five children (depending on their age) who comprise (or could comprise) a primary care group in your care. Include their ages and one or two special things you know about each child.

2. How do (or could) you deal with feeding, napping, and diapering/toileting so that each child's individual needs are met?

3. How do (or might) you go about establishing special relationships with these children's families?

4. What are the things you like (or think you might like) about primary caregiving?

5. Is there anything that makes (or might make) you uncomfortable about it?

Lesson 3 Together in Care: Small Groups

Overview:

This lesson deals with the impact of group size on infants and toddlers in child care. It begins with a discussion of Handout #1, Making Primary Care Work, which was assigned in the previous session. Then the relationship between primary caregiving and the use of small groups is introduced, and the section of the video *Together in Care* on small groups is shown.

Later in the session, participants experience the difference between being in a large and small group. Ratio and group size guidelines are discussed. What should be done when small group guidelines simply cannot be met within a program at this time is also explored.

Philosophy:

The use of small groups in meeting the intimacy needs of infants and toddlers is critical. When the number of children and adults in a setting is limited, both cognitive and social learning are enhanced, and serious problems such as overstimulation and inadequate attention to individual children and their needs can be avoided.

Key Concepts:

- Limiting the number of adults and children in the group helps young infants develop deep relationships and a feeling of trust in the world.
- Infants and toddlers can become overstimulated by the amount of noise and activity in a large group.
- In small groups, very young children are more able to focus on exploration and discovery.
- Caregivers working with small groups of children can better meet the individual needs of each child.
- The younger the child, the smaller the child care group should be.

Materials:

Together in Care: Meeting the Intimacy Needs of Infants and Toddlers in Groups

Videocassette recorder and monitor

Overhead projector if available

Chalkboard/chalk or easel paper/pens

Transparency/Handout #2, Group Size Guidelines
Transparency/Handout #3, Ideas for Dividing Up Large Groups

A few rhythm instruments such as bell, triangle, and tambourine

Time:

60-90 minutes

Preparation:

Read through this lesson so that you recognize the key scenes for later discussion. Preview the video segment on small groups, and read the video magazine.

Cue the video to the segment on small groups (about 8:33 minutes into the video) before the training session so you will be ready to start.

Make a copy of each handout for every participant.

Make transparencies from the transparency/handout, if desired.

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Procedure:

Review homework from Lesson 2.

1. Open with a voluntary sharing of the responses to Handout #1, Making Primary Care Work, assigned at the end of the previous session.

Participants write in journals about how primary care and small groups work together.

2. Then begin to explore the relationship between primary care and group size. Using journals, ask participants to think about how primary care and small groups work together to help children and caregivers.

Ask volunteers to share ideas.

Invite participants to share their thoughts.

Show first video segment.

3. Explain that you are going to show the section of *Together in Care* that deals with the topic of small groups so that you can explore this concept together. Show the small groups section of the video, stopping at the chart, "Group Size Guidelines for Same Age Children" (about 14:29 minutes into the video).

Using Handout #2, lead a group discussion about group size.

4. Pass out Handout #2, Group Size Guidelines, or show the transparency on the overhead.

5. Lead a group discussion by asking questions such as:

   - Do you work (or have you worked) in groups of this size?
   - If not, have you noticed changes in group or individual behavior on days when enrollment was low because of illness or holidays?

Show second video segment.

Discuss the guiding principle in this segment.

6. Now play the video to the section that shows the chart, "Group Size Guidelines for Mixed Age Children," and stop (about 15:24 minutes into the video). Ask the group if they see a guiding principle (the younger the child, the smaller the group). Then ask, "Why is this principle important?" Using the chalkboard or easel paper, list participants' responses.

Show the third video segment.

7. Show the rest of the video segment on small groups (to about 16:28 minutes into the video).

Conduct the large group experience with all participants.

8. Tell the group they are going to have an opportunity to experience the difference between engaging in an activity in a large group and a small one. Using the whole group at once, ask each participant to find a different spot in the room and to choose one of the following activities: Do something physical, such as stretching, jumping, or skipping around the room; hum a tune; read something silently; read aloud; write a note to a friend; converse with one other participant; or converse with two other participants. Pass out rhythm instruments to volunteers. Allow five minutes for this activity.

Optional: Role playing.

9. The trainer may wish to participate, playing the role of an overstimulated child.

Discuss how individuals felt during the exercise.

10. Call participants back to the group. (You may use a bell or triangle for this.) Note the difficulty in getting their attention when so much is going on. Ask them how it felt to be doing the activity in the midst of a large group.

Divide into small groups, and conduct the small group experience.

11. Now ask participants to form groups of three to six members and find an area far away from the other groups. If possible, some groups can go to an adjoining room, out in the hall, or nearby outdoors. Direct participants to engage in the same activities as before. Allow five minutes for the small groups.

Discuss the differences between the large and small group experiences.

12. Bring the groups back together using the same method as before. When the group has reconvened, lead a discussion with questions such as the following:

- Was it easier or more difficult to hear the signal to return to the large group?
- How did it feel doing your activity in the small group?
- How many of you work with children in groups that feel more like the first experience? How many work with groups that feel more like the second experience?

Using Handout #3, participants consider how to apply suggestions to their programs.

13. Pass out Handout #3, Ideas for Dividing Up Large Groups, or show the transparency on the overhead. Explain that even if programs cannot provide separate rooms for small groups of children because of logistics or state regulations, they can divide large groups up as much as possible. Ask participants to look at the list and think of ways they might apply the suggestions to their programs.

OPTIONAL: Participants reflect in their journals, then share ideas.

14. Ask participants to imagine working in a group of two primary caregivers, each with three to six children, depending on the age, in one room. What would the relationships be like—child to child, caregiver to child, caregiver to caregiver? Ask participants to write down their thoughts. Allow five minutes for this exercise. Invite those who wish to share one or more ideas from this writing.

Transparency/Handout #2
Group Size Guidelines

Guidelines for Same Age Groups

AGE (months)	RATIO	TOTAL SIZE	MINIMUM SQUARE FEET PER GROUP*
0 - 8	1:3	6	350
8 - 18	1:3	9	500
18 - 36	1:4	12	600

Family Care
Guidelines for Mixed Age Groups

AGE (months)	RATIO	GROUP SIZE	MINIMUM SQUARE FEET PER GROUP*
0 - 36+	1:4**	8	600

* Based on minimum standards of adequate square footage per child; does not include entrance, hallways, cubbies, diapering, or napping areas.

** Only two infants under 24 months per caregiver

Transparency/Handout #3
Ideas for Dividing Up Large Groups

Divide space so smaller groups can have their own areas even if they don't have completely separate rooms by:

- **Building** walls or half-walls to break up a large room
- **Using** furniture, such as a couch or toy shelves, or room dividers to separate groups of children in a large room
- **Rotating** the use of space options inside and outside so that all children in a large group are not in the room at the same time

Make mealtimes a small group experience by:

- **Using** small tables with three to five children and one caregiver at each table
- **Rotating** feeding times so not all the children in a large group are fed at once

Divide up yard space with developmental barriers by:

- **Using** an empty wading pool for young infants' play
- **Lining up** old tires to create a protected play space for a few children
- **Creating** areas in the yard with grass, hills, outdoor carpeting, and so forth

During group play:

- **Limit** the number of children in an area or at an activity at one time

Lesson 4 Together in Care: Continuity of Care

Overview: This lesson focuses on providing continuity of care in infant/toddler programs. Participants reflect on the feelings of belonging and loss, then are shown the section of the video *Together in Care* dealing with continuity of care. Various ways of implementing continuous care in child care programs are discussed. The lesson concludes with a discussion of the interrelatedness of primary care, small groups, and continuity of care.

Philosophy: The bonds an infant establishes during the first years of life provide the basis for all learning. Group care that supports the child's attachment to a special caregiver and small group of children over time promotes the child's healthy growth and development.

Key Concepts:

- When possible, a child should remain with the same primary caregiver from the time of enrollment until three years of age.
- When attachments are broken or not allowed to form through the provision of care by too many different caregivers, the child may suffer serious consequences.
- Three different approaches can provide continuity of care: same age grouping, mixed age groups, and family child care.

Materials:

Together in Care: Meeting the Intimacy Needs of Infants and Toddlers in Groups

Videocassette recorder and monitor

Chalkboard/chalk or easel paper/pens

Handout #4, Three Ways To Achieve Continuity of Care

Time: 60-90 minutes

Preparation: Read through this lesson so that you recognize the key concepts for later discussion. Preview the video section on continuity, and read the video magazine.

Cue the video to the segment on continuity (about 16:28 minutes into the video) before the training session so you will be ready to start.

Make a copy of Handout #4 for each participant.

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Procedure:

Participants reflect on and write about past experiences, then share with the group.

1. Ask participants to close their eyes, breathe deeply, and recall a time of feeling a strong sense of belonging during their childhood–in a family, school, or neighborhood group. Then ask them to remember an experience of loss–a friend, parent, classmates after a change of residence, even the loss of a beloved pet. Have them then open their eyes and write about each experience:

   - How it felt
   - How they reacted
   - The impact on their present lives

   Allow five minutes, and then invite participants to share their experiences with the group. If participants are reluctant to talk about a loss, share something from your own experience.

Introduce the video.

2. Suggest to participants that they keep these experiences in mind as they watch the segment of *Together in Care* on continuity. Remind them that experiences of loss, especially of a parent or close caregiver, have great impact on the very young.

Show the video segment on continuity of care. Discuss children's reactions in video.

3. Show the continuity section of *Together in Care* (about 16:43 minutes into the video) stopping after the segment that shows infants/toddlers reacting to the loss of a close person (about 18:37 minutes into the video).
Ask participants if any of the children's reactions reminded them of themselves.

Show the second video segment.

Pass out Handout #4. Discuss each model and ask participants to complete handout.

4. Continue showing the continuity section through the segment illustrating three ways of achieving continuity of care (about 25:06 minutes into the video). Stop the video, and pass out Handout #4, Three Ways To Achieve Continuity of Care. Discuss each model with participants, asking them which model would be most appropriate to their own program. Ask them to jot down any thoughts they have—questions or issues that need to be addressed—on the handout. Show the rest of the section on continuity through the end of the video.

Participants divide into small groups to discuss how to improve continuity of care.

5. Ask participants to identify the type of programs they work in and to break up into small groups based on type of program (e.g., size of program, type of age grouping, staffing by parents, students, or volunteers, etc.) to discuss ways to improve continuity of care in their own program.

   ALTERNATE GROUPINGS: (1) Participants choose the group/model that interests them most or (2) they count off (one, two, three) for random assignment.

   Allow 15 minutes for groups to meet, with the trainer circulating between the groups to help focus discussion. Have each group choose one person to record issues and solutions.

Small groups share their ideas with larger group.

6. Bring the whole group back together, and ask the recorders to report on what they've come up with. Create a list of practical tips under the type of programs addressed on the chalkboard or easel paper.

Lead a group discussion about interrelatedness of primary care, small groups, and continuity.

7. Discuss how primary care, small groups, and continuity are related. Ask participants if they can imagine a program that provides intimacy with only one or two of these components. As comments are made, it will be clear that there is overlap between the three policies and that they work best together. Describe how primary care without continuity would be or primary care within a large group.

Participants write their thoughts on primary care, small groups, and continuity.

Encourage participants to move toward this philosophy, even if slowly.

8. Give participants time to write in journals or notepads their thoughts on primary care, small groups, and continuity. Then ask if they feel they can begin to move toward this philosophy of care in their own programs.

   Assure them that you understand that changes such as these cannot be implemented immediately or all at once. Wish them luck, and thank them for working toward making group care for infants and toddlers more supportive and intimate.

OPTIONAL: Ask participants to discuss these issues with their co-workers and managers.

9. If the group is going to meet again for further training, ask participants to go back to their programs and raise the issues of primary care, small groups, and continuity of care with their co-workers and program managers. At the next session, begin by allowing participants to share how their suggestions were received.

Handout #4
Three Ways To Achieve Continuity of Care

Same Age Continuity

Some programs enroll infants close in age and set things up so they stay with the same caregiver. With this strategy, the environment must be modified and made developmentally appropriate as the children grow older, or the whole group moves together to a new space. Children who leave this type of arrangement are usually replaced by newly enrolled children of the same age.

Notes:

Mixed Age Continuity

Programs may also create mixed age groups. With this strategy, newly enrolled infants and toddlers of any age can be added to the group. The environment should be interesting and flexible enough to serve children at different developmental levels.

Notes:

Family Care Continuity

In family care, there is often one person caring for a small group. This makes it easy to provide continuity. Whether the group is mixed or same aged, the strategy should be to keep the children with the same caregiver from infancy to preschool.

Notes:

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II

The Environment

The caregiving environment provides the setting in which the infant or toddler spends large amounts of time. The environment's ability to meet the growing child's physical, emotional, social, and cognitive needs is critical. Caregivers have many options in designing the setting so that it meets the child's needs for safety, health, security, comfort, and learning.

This section begins with a lesson based on the video *Space to Grow: Creating Child Care Environments for Infants and Toddlers*, which introduces eight concepts used to guide programs in setting up appropriate environments. Later lessons focus on the specifics of planning an environment and on issues relating to the setting up of specific areas. These are based on the Program's *Infant/Toddler Caregiving: A Guide to Setting Up Environments*, which should be consulted for greater detail about the topic.

Lesson 5 Space to Grow: Key Concepts

Overview:

Organized around the video *Space to Grow*, this lesson introduces participants to the impact of the environment on infants and toddlers and presents eight basic concepts related to the environment that protect the child while also supporting and enriching her or his growth. Information in the video is supplemented by more detailed information in *Infant/Toddler Caregiving: A Guide to Setting Up Environments*.

Philosophy:

The physical environment has a powerful influence over both children and adults. Young infants and toddlers are limited in their ability to leave or change their environment at the same time that they are particularly vulnerable to its effects. Child care environments for infants and toddlers need to support comfort and well-being in the daily activities of both children and caregivers.

Key Concepts:

- There are two major areas of infant/toddler care environments that should be attended to: the "shell," or built-in features, such as walls, floors, plumbing, and storage, and the arrangement of furniture, equipment, and activity areas.
- The basic features of the environment should ensure safety, promote health, provide comfort, and be convenient for both children and caregivers. In this type of environment, there is less need for caregivers to say "no."
- To promote learning and development, an infant/toddler environment should also be child-sized, maximize flexibility, encourage movement, and allow for choice.
- In an interesting and challenging environment, children can play freely and initiate activities independently.

Materials:

Infant/Toddler Caregiving: A Guide to Setting Up Environments

Space to Grow: Creating a Child Care Environment for Infants and Toddlers

Videocassette recorder and monitor

Overhead projector if available

OPTIONAL: Chalkboard/chalk or easel paper/pens

Transparency/Handout #5, Key Environmental Concepts
Transparency/Handout #6, Safety Checklist
Transparency/Handout #7, Checking for Health
Handout #8, Can Your Child Care Setting Meet the Environmental Challenge?

OPTIONAL Transparencies/Handouts:

Handout #9, Family Child Care
Transparency/Handout #10, Some Exciting Ways To Use Outdoor Space
Transparency/Handout #11, Low-Cost Outdoor Equipment

Time:

60-90 minutes

OPTIONAL: This lesson and video may be used in two sessions instead of one, with the addition of optional topics from the *Guide*.

Preparation:

Read pp. 7-16 and pp. 50-53 in the *Guide*.
Read the video magazine.

Preview the video. Read through this lesson first so that you recognize the key scenes where you will stop the video to review important ideas.

Reset the counter to 00, and cue the video to the beginning before the training session so you will be ready to start and can easily find a specific section of the video.

Make a copy of each handout for every participant.

Make transparencies from the transparency/handout, if desired.

Assignment:

Give the participants Handouts #6, Safety Checklist, and #7, Checking for Health, in advance of the video lesson. Ask them to check their child care settings for safety and health and to bring the results with them to the session.

If preassignment of the health and safety checklists is not possible, pass out the handouts at the training, and ask participants to complete the checklists on their own.

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Procedure:

Introduce the lesson by brainstorming the term "environment."

1. Begin the training session by explaining that today you will be talking about the environment of the infant/toddler care setting. Ask participants what comes to mind when they hear the word "environment." You may wish to write their ideas on the chalkboard or easel paper.

   Thoughts about the environment may range from the specific child care setting to the ozone layer hundreds of miles above the earth's atmosphere. Point out that everything participants suggest is part of the environment. The "environment" can be simply defined as our physical, social, and cultural surroundings.

   One of the characteristics of the environment is that each part of it affects the other parts. Our physical environment affects the way we feel about ourselves. How we feel about ourselves affects the way we relate to others. Because the environment is so central to our lives, it is important to pay some serious attention to it.

Lead a group discussion about participants' feelings about their work environment.

2. Ask: "How do you like the environment in which you work?" Encourage discussion of this topic, reminding participants that the environment is important for both the children and the adults who work there. Next pose the question: "Suppose you didn't like the environment in which you have to work every day? What would you do?" Answers may vary from "I'd leave," "I'd change what I don't like in the environment," to "I'd grit my teeth and put up with it."

Point out to the group that, as adults, we have choices. We can leave or try to change things or choose to stay. But suppose we were one year old and had to spend every day in an environment that was uncomfortable or boring. What could we do?

The answer is: not much. That's why it is important that we try to make the environment for infants and toddlers as safe, pleasant, and interesting as possible.

Introduce the video.

Explain that you are going to be using a video to introduce some of the most important concepts about infant/toddler care environments.

Pass out Handout #5.

Pass out Handout #5, Key Environmental Concepts, to the participants so that they can make notes relevant to their own child care environments as they learn about each concept.

Show the first video segment.

3. Turn on the video, and show it nonstop through the discussion of color and noise (about 5:15 minutes into the video). Stop the video and ask:

Discuss amount of stimulation in participants' child care environments.

- Does your child care environment provide an appropriate amount of stimulation?
- If there is too little or too much, what could you do to change it?

Show second video segment.

4. Continue showing the video through the discussion of flooring, (up to about 6:13 minutes into the video). Stop the video and ask:

Discuss ideas for flooring.

- What did you think were the most important ideas about flooring that were shown?

Show third video segment and discuss.

5. Continue showing the video through the diapering sequence (about 8:13 minutes into the video). Freeze frame, if possible, on the diapering scene.

- Point out to the participants how the towels and other diapering supplies are within reach of the caregiver without leaving the child unattended.

Show fourth video segment.

6. Continue showing the video through the discussion of interior space considerations (about 9:25 minutes into the video). Stop the video and ask participants to discuss:

Discuss participants' work space organization.

- How could you adapt some of these ways of organizing space to work in your own setting?

OPTIONAL: Handout #9.

7. Pass out and discuss Handout #9, Family Child Care.

Show fifth video segment and discuss.

8. Continue showing the video through the section about outdoor space, (up to about 10:45 minutes into the video). Stop the video and ask:

- Which ideas about outdoor space shown in the video caught your attention?

OPTIONAL: Handouts #10 and #11.

9. Pass out Handout #10, Some Exciting Ways To Use Outdoor Space, and Handout #11, Low-Cost Outdoor Equipment, or show the transparencies on the overhead, and discuss.

Show sixth video segment and discuss.

10. Continue showing the video through the discussion of child size, (up to about 13:43 minutes into the video). Stop the video and ask:

- What do you think are the biggest challenges in trying to make the environment child-sized?
- Did you see anything in the video that particularly impressed you or that you'd like to try?

Show seventh video segment.

11. Continue to show the video through the section on flexibility, (up to about 15:32 minutes into the video). Stop the video and lead a discussion by asking:

Discuss flexibility.

- Why is flexibility so important?
- How could your child care setting be more flexible?

Show eighth video segment and discuss.

12. Continue showing the video through the movement section, (up to about 17:04 minutes into the video). Stop the video and ask:

- How did the child care settings shown in the video encourage climbing and jumping?

- How do you feel about the video's position on walkers and swings? How can a well-planned environment diminish the "need" for these types of equipment?

Show ninth video segment.

13. Continue to show the video, this time focusing on the choice section, (up to about 19:20 minutes into the video). Stop the video and ask:

Discuss definition of specific areas.

- What are some of the most important areas to have in a child care setting?
- How does this differ for infants and toddlers of different ages?
- What did the child care settings in the video do to define specific areas?

Show the remainder of the video. Ask participants what they liked best.

14. Continue showing the video through to the end. When it is completed, ask the participants what they liked best about the video.

Participants report on the health and safety features of their center.

15. Ask participants who checked the health and safety features of their center prior to the training to report on what they learned. Do they expect to change anything as a result of seeing the video?

Pass out Handout #8 for completion now or as a homework assignment.

16. Pass out Handout #8, Can Your Child Care Setting Meet the Environmental Challenge? If you are training participants from the same setting and have the time available, you may wish to ask them to fill it out now. If not, you may assign the participants to rate their setting on their own.

Pass out video magazine.

17. Make sure each participant has a copy of the *Space To Grow* video magazine which summarizes the points of this lesson.

Transparency/Handout #5
Key Environmental Concepts

The infant/toddler caregiving environment should:

1. Ensure **safety**
2. Promote **health**
3. Provide **comfort**
4. Be **convenient**
5. Be **child-sized**
6. Maximize **flexibility**
7. Encourage **movement**
8. Allow for **choice**

Transparency/Handout #6
Safety Checklist

Take a walk around your child care setting to find the answers to these questions. Write a Y for yes or an N for no next to each item.

1. ___ Are all electrical outlets covered?
2. ___ Are there any easily breakable items within children's reach?
3. ___ Is the carpeting padded to cushion falls?
4. ___ Is the carpeting low-pile so small objects can't hide?
5. ___ Are materials and furnishings nontoxic?
6. ___ Are walkways clear and unobstructed?
7. ___ Are there gates in front of stairwells?
8. ___ Is the play area fenced?
9. ___ Is there sand or grass under all outdoor climbing equipment?
10. ___ Does all equipment meet consumer safety standards?
11. ___ Are there any poisonous or dangerous plants within children's reach?
12. ___ Are there sharp corners on furnishings or interior structures?

If any of your answers showed something was unsafe, fix it right away!

Transparency/Handout #7
Checking for Health

Take a walk around your child care setting to find the answers to these questions. Write a Y for yes or an N for no next to each item.

1. ___ Are diapering, food preparation, and feeding areas separate?
2. ___ Do adult sinks in both the changing and feeding areas have both hot and cold water?
3. ___ Are food preparation, feeding, and toileting areas cleaned after each use?
4. ___ Can pillow and cushion covers be washed?
5. ___ Are couches or mattresses easy to clean?
6. ___ Can the sleeping mats be fitted with washable covers?
7. ___ Are there any bare light bulbs that could hurt infant/toddler eyes?
8. ___ Is there a regular schedule for cleaning walls, floors, and rugs?
9. ___ Is there a regular schedule for cleaning bedding?
10. ___ Have the furnace filters been replaced this year?
11. ___ Do the children get fresh air every day?
12. ___ Are there peeling paint or broken floor tiles infants could put in their mouths?

Compare your answers to the correct answers for each question:
1. Y 2. Y 3. Y 4. Y 5. Y 6. Y 7. N 8. Y 9. Y 10. Y 11. Y 12. N

Handout #8
Can Your Child Care Setting Meet the Environmental Challenge?

How well does your child care setting meet the environmental needs of infants and toddlers? Rate each of the following environmental factors:

		Not Well			Very Well
1.	Uses soft, neutral colors	1	2	3	4
2.	Has a mixture of natural and full-spectrum lighting	1	2	3	4
3.	Has plenty of fresh air	1	2	3	4
4.	Has reduced noise through carpeting, acoustic tiles, and such	1	2	3	4
5.	Provides contact with nature	1	2	3	4
6.	Contains multilevel surfaces	1	2	3	4
7.	Provides convenient, accessible storage	1	2	3	4
8.	Is organized around an open center	1	2	3	4
9.	Has separate activity areas	1	2	3	4
10.	Contains child-sized furnishings	1	2	3	4
11.	Provides "alone" space for children	1	2	3	4
12.	Displays a changing array of a few toys	1	2	3	4

How did your setting do?

36-48: You've got the environment well organized. Keep up the good work!

24-35: You've made a start, but there's room for improvement. Pick one or two elements where you've given yourself a low score, and concentrate on doing those well.

12-23: Your environment needs help! Imagine being an infant or toddler spending the day there. Start with an easy goal, like displaying only a few toys at a time or going for a daily walk. Move on gradually to more costly or demanding elements.

Handout #9
Family Child Care

The home provides a rich infant/toddler environment with many essentials already in place, especially if several rooms, rather than one "child care room," are used.

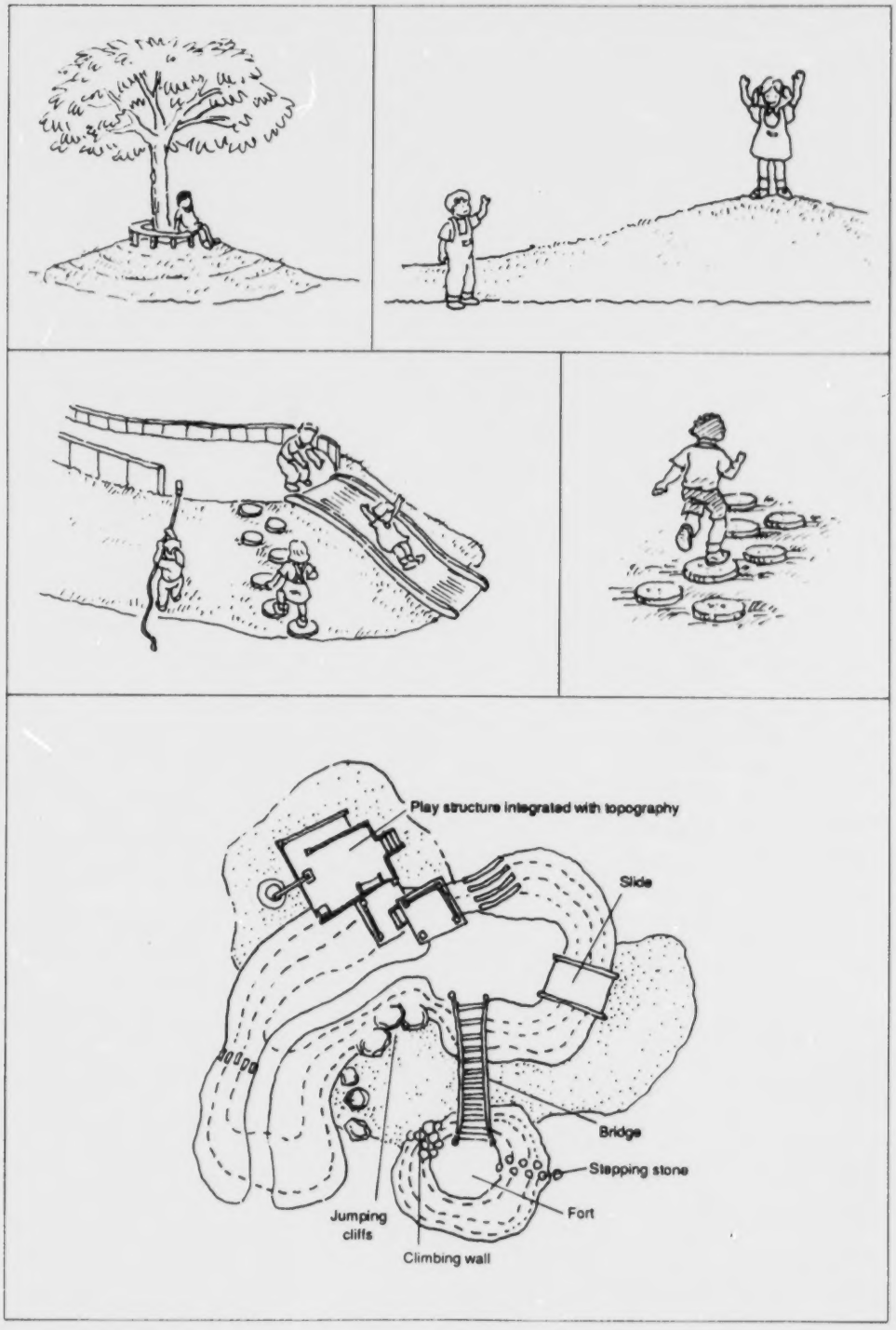
If you have money to spend, put it into basics: good basic furnishings, comforting wallpaper or colors for the walls, good storage, carpets, outdoor fences. Then improvise. Consider these ideas and add your own:

- The couch can be used for climbing.
- A kitchen floor or bathtub is good for messy play.
- A stable coffee table with rounded edges can be used for small muscle activity.
- A sheet thrown over two clotheslines or a table creates a private place.

Think about what you could do with:

- Plastic basins
- Laundry baskets
- Big pillows
- Milk crates
- A big cable spool
- A cardboard box
- Plastic ice cream cartons
- A bookshelf
- An area rug
- An empty wading pool
- An empty closet
- An empty cupboard
- A single mattress

Transparency/Handout #10
Some Exciting Ways To Use Outdoor Space



In *Infant/Toddler Caregiving: A Guide to Setting Up Environments*. Illustration by Paul Lee. Adapted from *Play for All Guidelines* (Berkeley:MIG Communications, 1987).

Transparency/Handout #11
Low-Cost Outdoor Equipment

Think about ways to use:

Benches

Plastic milk crates

Wide, smoothly sanded boards

Inner tubes

Air mattresses

Balls

Tires

Hills

Swings and hammocks

Sanded dead trees

A hose turned on very low

Lesson 6 Planning Your Infant/Toddler Care Setting

Overview:

This lesson begins by reviewing the basic programmatic issues that must be considered in planning the child care environment, with emphasis on the changing environmental needs of infants and toddlers as they grow. Next, the different physical areas for organizing the child care space are discussed. Finally, participants have the opportunity to apply what they have learned by laying out a sample infant/toddler care environment using the graph paper and cutouts you have prepared in advance of the session.

Philosophy:

How an environment is organized has a powerful influence over the way children and adults behave and interact. Thoughtful arrangement of activity areas can create a peaceful, pleasant, and engaging context for the various activities of the day.

Key Concepts:

- Certain activities should be separated from others. For example, the feeding area should be well apart from the diapering/toileting area. Resting areas should be away from noisy play. An area offering solitude should discourage intrusion from other children.
- The features of the setting should make it easy to create "clear, visible order" by the use of furniture and other room dividers and good storage space for both adults and children.
- A well-planned environment is flexible enough to be adapted to the changing needs of children.

Materials:

Infant/Toddler Caregiving: A Guide to Setting Up Environments

Graph paper, construction paper, self-adhesive dots, scissors, glue
Overhead projector, if available

Transparency/Handout #12, Planning Your Infant/Toddler Care Setting
Transparency/Handout #13A, B, and C, Environmental Needs of Different Age Groups
Handout #14, Division and Definition of Space
Transparency/Handout #15, Pre-toddler Room
Handout #16, Layout Grid
Handout #17, Equipment in an Infant/Toddler Setting

Chalkboard/chalk or easel paper/pens

Time:

60 minutes. If possible, you may wish to break this session into two sessions of 30-45 minutes each. The first session will be devoted to discussing the content of the lesson. The second will be spent in a hands-on activity integrating and applying what has been previously learned.

Preparation:

Read pp. 17-26 in the *Guide*.

Cut standard forms for cribs/cots, tables, shelves, and so forth from the construction paper using Handout #17 as a model. (These forms will be used to experiment in laying out a child care facility.) Make all cribs/cots the same color, all tables the same color, and so forth. Self-adhesive dots and other stickers (from a stationery store) can be used to represent different types of equipment.

Make transparencies from the transparency/handouts, if desired.

Make a copy of each handout for every participant.

Assignment:

Assign participants, prior to the lesson, if possible, to pretend they are an infant in their setting. Ask them to lie on their backs on the floor and examine the environment from a young infant's perspective. Next, spend a few minutes crawling around the setting and examining it from a mobile infant's point of view.

If you cannot make this assignment in advance and you are not training in a child care setting, ask participants to do this exercise when they are in a child care setting.

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Procedure:

Introduce the lesson by reviewing assignment.

1. If you were able to ask participants to do the exercise previously assigned prior to the lesson, you will begin by discussing their experiences. If you were not able to make this assignment in advance and are training in a child care setting, assign the exercise now.

   Once the exercise has been completed, ask participants to share what they learned from the experience.

   - How did the world look to them from the infant's vantage point?
   - How did the setting itself look?

   Allow a few moments to share experiences.

Lead a discussion about issues in physically arranging a child care setting.

2. Next, ask participants to think about what issues they would need to consider in arranging an infant/toddler care setting. Write their suggestions on the chalkboard, easel paper, or a blank transparency.

Review and discuss Transparency/ Handout #12.

3. When participants have begun running out of suggestions, tell them they can compare their ideas to those of some experts. Put Transparency #12, Planning Your Infant/Toddler Care Setting, on the overhead. If you do not have an overhead projector, pass out Handout #12 so that everyone has a copy.

4. Read through each item on the transparency/handout. Compare your list to that generated in the discussion. Was there anything on the "expert" list that surprised the group?

   If you did not previously pass out the handout, do so now so that participants may have their own copy for future reference.

Review and discuss Transparencies/ Handouts #13A, B, and C.

5. Remind participants that children's environmental needs change as they grow. Explain that there are three key age groups you will discuss: young infants (birth to 9 months); mobile infants (6 to 18 months); and older infants (16 to 36 months). Put Transparencies #13A, B, and C, Environmental Needs of Different Age Groups, on the overhead, each in turn, or pass out Handouts #13A, B, and C as the discussion progresses.

   If you are working with te overhead projector, use a blank piece of paper to cover up all but the top headings on the transparency.

   Start with the page on young infants, Transparency/Handout #13A. Ask the group to suggest some important considerations for planning space with young infants. Write their suggestions on the chalkboard/easel paper. Now move the blank piece of paper to reveal the column of suggestions. Compare this list to the ideas generated by the group.

   Repeat this process for mobile infants and older infants.

   If you have been using the overhead projector, pass out Handouts #13A, B, and C, Environmental Needs of Different Age Groups, now.

OPTIONAL: Compare differences in space between family and center care.

6. If you are training a mixed group of family providers and center staff, ask the group to think about the differences in space in the two types of settings. What are some of the positive environmental characteristics of each type of setting? Write their suggestions on the chalkboard, easel paper, or a blank transparency.

OPTIONAL: Show The Ages of Infancy.

7. Show the video *The Ages of Infancy: Caring for Young, Mobile and Older Infants.*

Review and discuss Handout #14 and Transparency/ Handout #15.

8. Tell participants that now you are going to talk about some of the ways people divide space in a child care setting so that it can be used effectively. Pass out Handout #14, Division and Definition of Space. Review each of the five topics with the group, basing your discussion on the information contained in the *Caregiver's Guide*, pp. 21-26. Use Transparency/Handout #15, Pre-toddler Room, to help illustrate your discussion of activity areas.

Allow time for questions or comments at the end of each topic before moving on to the next one.

At the end of the discussion, pass out Handout #14 if you have not already done so.

Participants identify new ideas learned in the lesson.

9. Ask participants what they have learned so far that was new or that presented an unexpected idea about the environment of their child care setting. If the group is small enough, go around the room, and ask each person to state one thing she or he would like to change about her or his own care setting.

Participants create a child care environment.

10. Finally, provide participants the opportunity to integrate what they have been learning. Tell them that now they will have the chance to redesign their own environment or create from the beginning an "ideal" infant/toddler environment. Each participant should decide how many children of what ages the setting should serve. Then, using the graph paper and cutouts you have provided, each participant should lay out a space, trying to stay as much to scale as possible.

Participants present their design to the group.

11. Upon completion of their environments, each participant should show the others the design, explaining how many children of what ages are being served and why the space is designed in this way.

Conclude lesson with reminder that all arrangements should be experimental until tried with children.

12. Congratulate participants on their innovative ideas for arranging space. Remind them that all arrangements should be experimental at first. Observe the children playing in the space, and then make changes, if necessary.

Transparency/Handout #12
Planning Your Infant/Toddler Care Setting

In planning your infant/toddler care setting, think about the answers to these questions, keeping in mind **primary care** assignments, **small groups,** and **continuity of care:**

- Who will be there–how many children of what ages and age groupings, and how many caregivers?
- How many hours a day will children be with you?
- What are you trying to accomplish? How will the environment help or hinder you?
- What is the purpose of your program?
- How much space do you have available?
- How much other space (e.g., hallways, other rooms, outdoor areas) can you use?
- What are the special features of your environment?
- Can you make permanent environmental changes?
- How will weather affect your use of space?

Transparency/Handout #13A
Environmental Needs of Different Age Groups

Young Infants (Birth to 6-8 months)

- Small numbers of children and adults are recommended.

- Diapering, feeding, sleeping, and play areas should be set up to allow quiet, personal contact between the caregiver and young infant.

- Young infants need to be taken to interesting parts of the environment, or have interesting things brought to them.

- The setting should facilitate face-to-face and skin-to-skin contact between caregiver and child, by providing multilevel areas and comfortable places for caregivers to sit and hold infants.

- Infants spend a great deal of time looking up toward the ceilings, walls, and lights, so these elements of the environment should be pleasant to look at but not overstimulating. Bare lightbulbs and bold colors and patterns can be irritating to young infants.

- Young infants like to practice body movements while they are lying on a firm, cushioned surface. Watching and exploring with the hands and mouth are prominent learning activities of young infants.

Transparency/Handout #13B
Environmental Needs of Different Age Groups

Mobile Infants (Approximately 8 to 16 months)

- Mobile infants are at the peak of sense and motor exploration, and need a safe and interesting environment to explore.

- Infants put almost everything in their mouths, so no toy should be so small that a child could swallow it or choke on it.

- Dangerous, breakable, and costly objects should be kept out of the infants' reach.

- You need to be able to see the children and get to them quickly. Be available but do not hover.

- Some risk taking by mobile infants needs to be allowed. Provide small, safe challenges, such as, low steps or risers.

- Infants do not always have to be close or get in your lap to feel secure. Sometimes a reassuring glance will do.

- Peer play and conflict begin at this time. More than one of a popular toy should be provided, as well as opportunities for social play, such as a double slide or two rocking horses, side by side.

Transparency/Handout #13C
Environmental Needs of Different Age Groups

Older Infants (Approximately 18 to 36 months)

- The children love dress-up and fantasy play. A special area and equipment for this type of activity are important.
- Choices among activities are essential for the older infant.
- Peer play happens more and more often and needs to be provided for in the setting.
- The children like their products displayed, so allow wall space on their level for this purpose.
- Older infants need room for large-muscle activities, available to them throughout the day.
- The children sometimes do not consider the needs or safety of younger infants in rough-and-tumble play, so use developmental barriers to protect younger infants in mixed age groups.
- Older infants are ready to begin learning rules for caring for the environment and the equipment in it. Along with autonomy, they need gentle guidance.
- The children need learning centers offering a variety of small-muscle and sensory perception activities.

Handout #14
Division and Definition of Space

Consider the following strategies when you define and divide your space:

Define activity areas

- A separate physical location for different types of activities.
- Boundaries that separate it from other areas.
- Mood, feeling, or personality (colors, furnishings).

Create boundaries and corrals

- Developmental barriers, such as pillows, boxes, or blocks.
- Room dividers, such as furniture, shelving, and risers.
- Area markers, such as mattresses or different flooring.

Provide clear, visible order

- Group similar materials together.
- Display materials so they can be seen.
- Organize small toys in boxes, baskets, and bins.

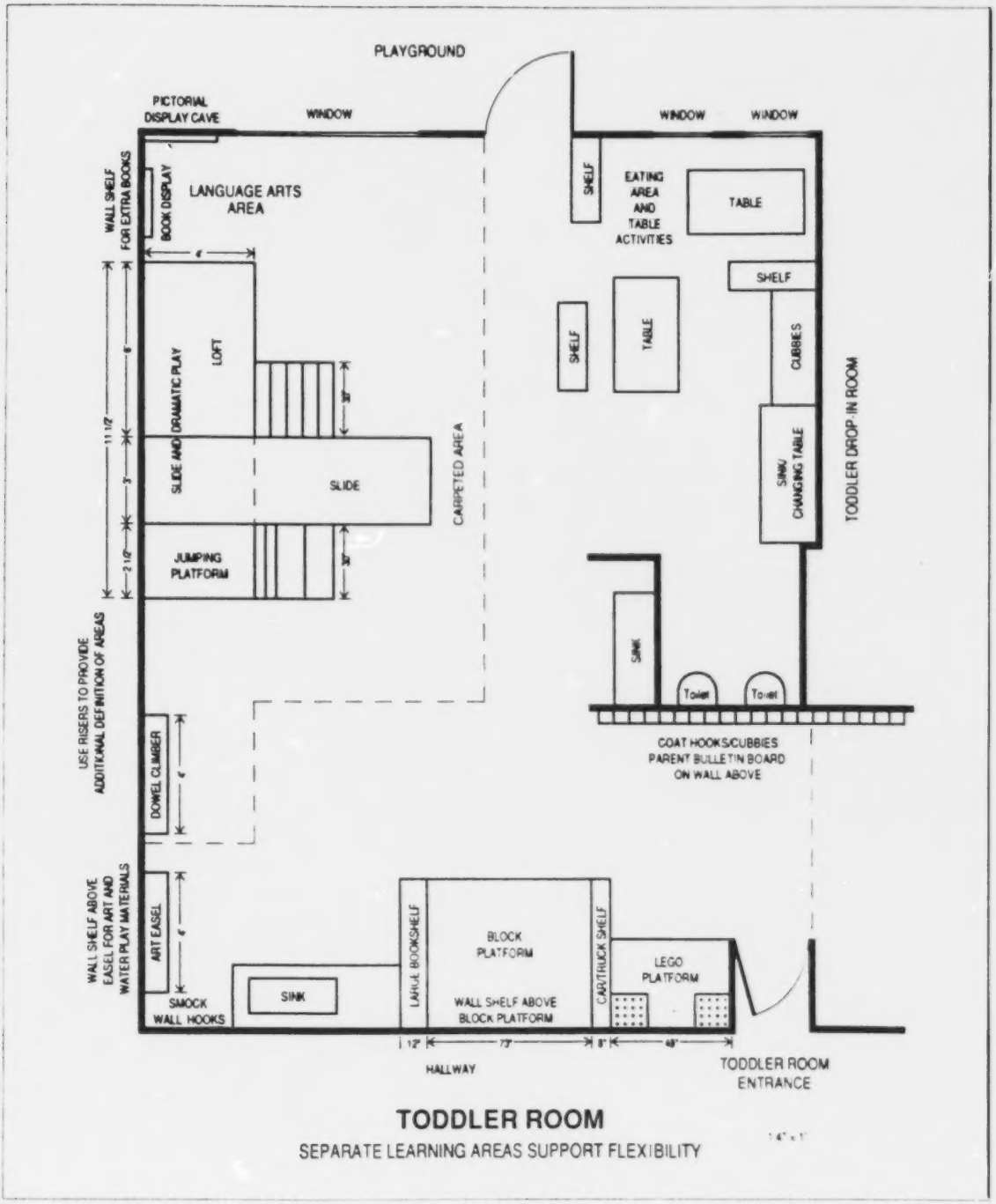
Keep the center open

- Place regular activity areas around the sides of the room.
- Use the center for special activities.

Use many levels

- Create multilevel environments with risers, steps, platforms, and lofts.
- Improvise multiple levels with mattresses, boxes, couches, stuffed chairs, piles of pillows, covered tires, and so forth.

Transparency/Handout #15
Pre-toddler Room*



Design by Louis Torelli

* This layout assumes either separate nap area not shown or a quiet area of this room which can be set up for children's naps, as needed.

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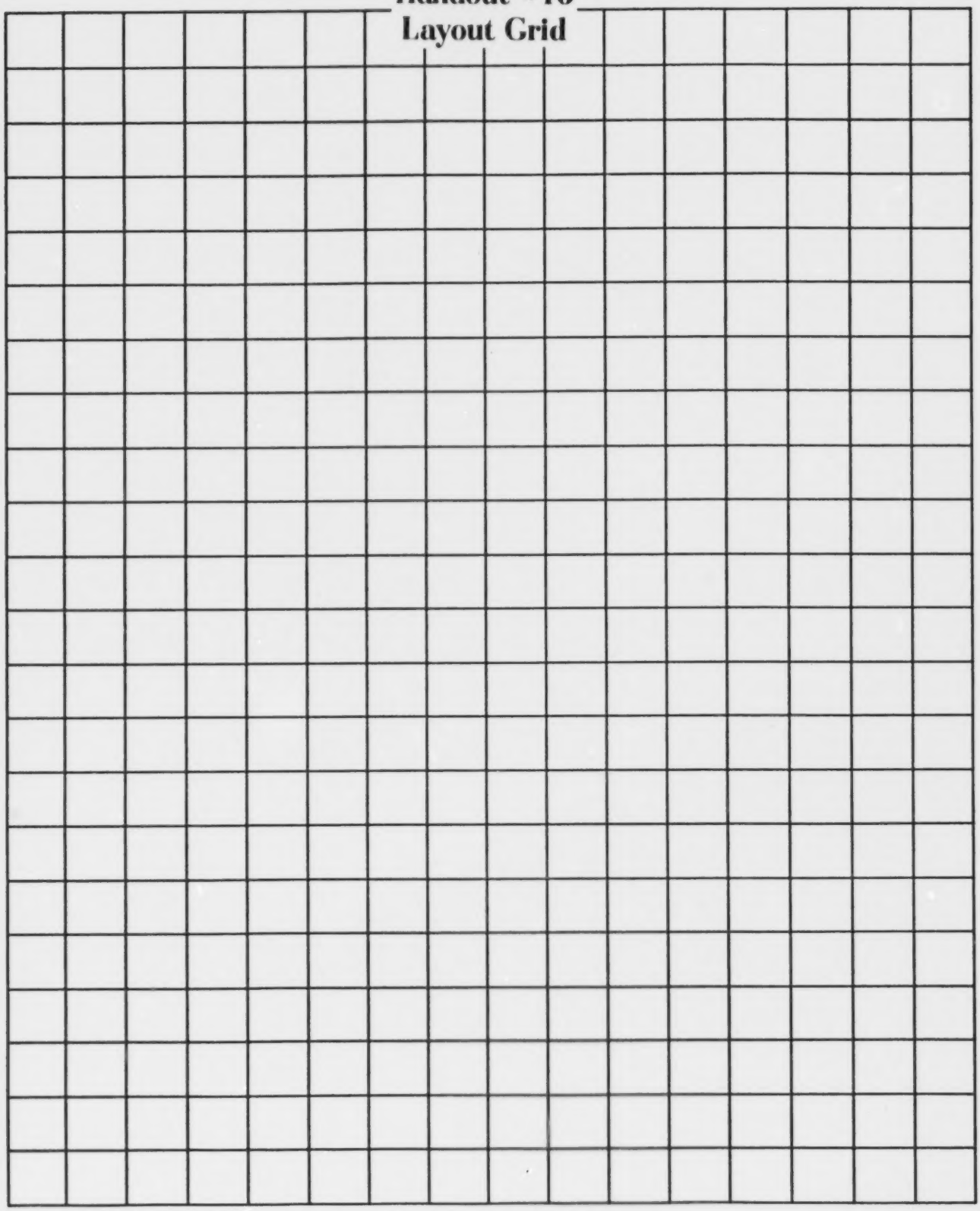
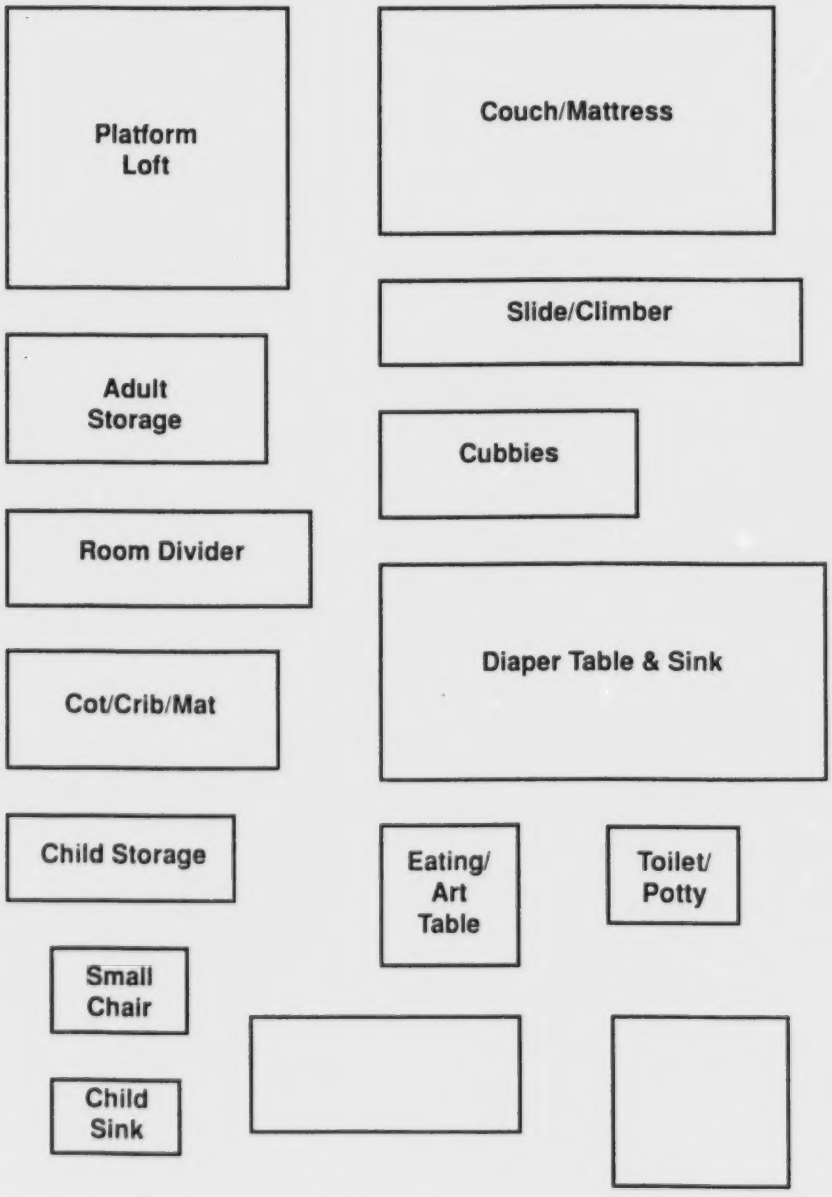
Handout #16
Layout Grid



Handout #17
Equipment in an Infant/Toddler Setting



Notes:

Lesson 7 Setting Up Specific Areas

Overview: This lesson builds on the two previous lessons about the environment. What has been learned previously is now applied to specific areas within a child care setting. To cover this information, a game called "Jigsaw" is used: Small groups of participants become "experts" in one specific area by reading the information about that area (from the *Guide*). Each group then decides what information is most important about that specific area and shares it with the other groups.

Philosophy: The use of clearly defined activity areas is important to children's cognitive development and growing ability to make appropriate choices. It also facilitates the child's use of materials and equipment, as well as social and individual play.

Key Concepts:

- Although each caregiving setting has its own special requirements, advantages, and disadvantages, a special place for each of the following is basic to an appropriate infant/toddler care environment:

  Entrance and parent communication area
  Learning and development centers
  Peer play areas
  Multilevel areas
  Rest and sleeping areas
  Toileting and washing up areas
  Feeding and food preparation areas
  Storage and shelves
  Outdoor space

Materials: *Infant/Toddler Caregiving: A Guide to Setting Up Environments*

Blank paper/pens

OPTIONAL: Chalkboard/chalk or easel paper/pens

Overhead projector if available

Transparency/Handout #18, Setting Up Specific Areas

Time: 45-60 minutes

Preparation: Read pp. 27-49 in the *Guide.*

Divide the anticipated number of participants into two, four, or eight small groups. Each group will be responsible for reading and reporting to the other groups on a portion of the material covered in the *Guide.* The larger the total group, the more small groups you can establish, and the smaller the number of pages each group reports on. If you have only a small number of participants, you may wish to ask each individual to take responsibility for one or more portions.

The subsections of the chapter are headed by nonitalicized subheads, such as "Entrance and Parent Communication Area," p. 27, "Learning and Development Centers," p. 28, "Peer Play Areas," p. 33, and so forth.

Once you have decided how many groups you will have and how many people will be in each group, make enough copies of each subsection of the chapter in the *Guide* so that every member of every group will have a copy of its section. Make a copy of each handout for every participant.

Make a transparency of the transparency/handout, if desired.

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Procedure:

Introduce the lesson.

1. Explain that this session will provide an opportunity for participants to apply what they have previously learned about the child care environment to specific areas within the environment. To begin, each participant will become an "expert" in one or more specific areas and then share what she or he has learned with the others.

Divide participants into small groups. Assign each small group one of the topics on Transparency/ Handout #18.

2. Divide the group into smaller groups. You may assign each group to a specific area, or you may allow the group to choose the area they wish to learn more about, providing every area is covered by a group.

   If you elect to allow the groups to choose their area, read the topics listed in the handout aloud to the group, and/or put Transparency/Handout #18, Setting Up Specific Areas, on the overhead projector.

Assign each small group to read the appropriate section of the Guide and develop a handout to communicate its most important points.

3. Give each small group the subsection of section three in the *Guide* that you have previously duplicated, several sheets of blank paper, and a pencil. Ask each group member to read the subsection. When the group is finished reading, the group members should decide what are the most important pieces of information in the reading for others to know and understand. This information should be written down and made into a handout. One person in the group should be selected as the reporter to share these key points with the whole group.

4. Allow 15-20 minutes for small group work. While the small groups are working together, check with each group to make sure they understand the assignment and to see if they need help in completing it.

Small groups share their key points with the large group.

5. When all the groups are finished, ask that the reporters share the key information identified by their group with the other participants. Each group report should be limited to about three minutes.

OPTIONAL FOR PARTICIPANTS FROM THE SAME CENTER: Identify and prioritize changes in their center.

6. Ask participants to think about the child care setting in which they work. Based on what they have learned, are there any changes they would suggest in any specific area of the center? Put Transparency #18 on the overhead once again, or read through the list above. Go topic by topic.

   You may do this exercise in one of two ways:

   Option #1: The group identifies some specific things they could do to improve areas within the child care setting. Through a group discussion, participants can decide if there are changes in specific areas they can make.

Option #2 (over two sessions): If you have some funds to spend on environmental improvements and want to give the participants an opportunity for input into how the funds are allocated, explain that you are interested in how they would improve the environment of the center.

Write the participants' suggestions on the chalkboard or on easel paper. Tell them that each person will have an opportunity to vote on how important she or he thinks each suggestion is after the session. Explain that you will transfer the list of suggestions to a sheet of paper after the session and give or mail a copy to each person. Each participant will be asked to rank each suggestion on a ten-point scale, from one, not very important, to ten, extremely important. (Voting can be done individually and anonymously.) You will present the results of the vote at the following session.

Following the session, list the suggestions on a piece of paper. At the top of the paper, explain that the participant should rate each suggestion from one to ten. (One is not very important and ten is extremely important.) Also state when and how you would like the sheet returned to you.

When you have received the participants' votes, average the scores for each suggestion and rank each suggestion by its average score. This will tell you which improvements are considered most important by the participants.

Read through the list yourself, and put a tentative dollar figure next to the top 10 or 15 suggestions. Duplicate a copy of this sheet for every participant, or make a transparency of the sheet so that it may be placed on the overhead projector.

At the next meeting, share the results of the vote and your dollar allocations with the group. Through group discussion, decide which improvements you will make with your current funding. Consider whether parents might be willing to participate in a work day and assist in building risers, raised garden beds, or other items. Think about which improvements are priorities for the future if more funding becomes available.

Transparency/Handout #18
Setting Up Specific Areas

- Entrance and parent communication areas
- Learning and development centers
- Peer play areas
- Multilevel areas
- Rest and sleeping areas
- Toileting and washing up areas
- Feeding and food preparation areas
- Storage and shelves
- Outdoor space

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III

Routines

Caregiving routines provide opportunities for caregivers to build a close personal relationship with each child while attending to the child's individual physical, emotional, and developmental needs. Routines create learning opportunities when carried out responsively and without haste, allowing time for the child to explore, develop skills, and share the joys of communication. This approach helps not only the child but also the caregiver, who is more apt to find satisfaction in caregiving routines when she or he pays attention to the whole child, not just the immediate task. Because of the child's need for consistency and predictability, decisions about how to carry out routines for each child should be informed by regular communication and negotiation with the child's parents.

The first lesson of this section is based on the video *It's Not Just Routine: Feeding, Diapering, and Napping Infants and Toddlers*. This lesson, which may be given in four separate sessions, deals with health, safety, and environmental considerations in carrying out the routines of feeding, diapering, and napping. It also treats the social-emotional and learning aspects of these activities.

The remaining lessons in this section are based on *Infant/Toddler Caregiving: A Guide to Routines*, beginning with lessons on greetings and departures, and dressing and bathing. Next are three lessons on topics related to routines: health and safety, including illness, injury, and preparing for disasters; record keeping; and, finally, working with parents and children when special issues arise, such as child abuse, family substance abuse, chronic illness, or handicaps.

Lesson 8 It's Not Just Routine

Overview:

This lesson uses the video *It's Not Just Routine* to address the basics of carrying out three routines: feeding, diapering, and napping. It illustrates these routines with examples from three caregivers: Pat, a family care provider; Lynn, head of an infant room; and K.C., head of a toddler room. Equally important, the video addresses the importance of routines in creating intimate bonds between child and caregiver and in providing opportunities for physical, language, and cognitive development.

If time permits, it is recommended to use only one portion of the video at a session. This will allow time for more in-depth discussions and activities to help the participants integrate the material they have learned.

Philosophy:

Daily routines are the heart of infant/toddler caregiving. They provide important opportunities for one-to-one interaction between the caregiver and child during which both learning and the deepening of emotional bonds can take place.

Key Concepts:

- There are two aspects to caregiving routines. The first is to do them properly in ways that protect the health and safety of the children and caregivers. The second is to make them a chance for exploring, building skills, deepening relationships, and sharing enjoyment.
- A caregiver's style of carrying out routines should be flexible enough to accommodate the needs and preferences of each child.
- Daily routines are important learning activities when they engage the child and allow participation at the child's own level of ability.

Materials:

Infant/Toddler Caregiving: A Guide to Routines

It's Not Just Routine: Feeding, Diapering, and Napping Infants and Toddlers

OPTIONAL: *The Ages of Infancy: Caring for Young, Mobile, and Older Infants*

Videocassette recorder and monitor

Chalkboard/chalk or easel paper/pens

Doll, table for diapering, two diapers, diapering supplies

Notebook paper and pencil

OPTIONAL: Poster board, pens, old magazines, Polaroid camera

Handout #19, The Seven Steps of Hygienic Diapering

Time:

Two to three hours (or may be broken up into two to four sessions)

Preparation:

Read the sections on feeding, pp. 15-31, diapering and toileting, pp. 32-43, and napping, pp. 54-63 in the *Guide*.

Preview the video *It's Not Just Routine*.

Read the video magazine.

Note: You will need to show the section of the video "More Than Just Routine" (about 20:17 minutes into the video) in this first lesson if you are not showing the entire video because it deals with carrying out routines with sensitivity and respect.

Make a copy of the handout for every participant.

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Procedure:

Introduce the lesson by listing daily routines.

1. Tell participants that today you are going to begin discussing a topic that may seem routine, but... it's not! The topic is routines themselves, like feeding, diapering, and napping. Ask the participants to think about how many things they do every day with children and parents that they would describe as "routines." Write their answers on the chalkboard or easel paper.

   Look at the list together. Note the surprising number of routines that must be carried out each day.

Participants identify likes and dislikes about specific routines listed.

2. Now ask the participants to think about what they like and dislike about doing specific routines. Alongside each routine, make two columns on the board/paper: "Like" and "Dislike." Write down what the participants have to say under the appropriate headings.

   After everyone's ideas are on the board, look at the list. If participants mentioned "likes" that include increased closeness with each child or pleasure in watching each child come to master a particular task, reinforce this "like" by indicating that today you are going to show a video that illustrates how important this aspect of routines is. If "not enough time" is given as a "dislike," ask how many of the group worry about not having enough time for one-on-one attention for each child. State that time spent on routines is perfect for quality one-on-one time. Give the message that they can stop worrying and spend more time on routines!

Introduce the video.

3. Explain that today you are going to show a video that starts with important information about healthful, safe feeding and then discusses how to make it "more than just routine."

Show the first video segment.

4. Start the video, and show it through the end of the section on feeding safety (about 5:52 minutes into the video). Stop the video, and lead a group discussion, using questions such as these:

Discuss feeding safety.

- What do you think about using high chairs? Are there alternative ways to feed infants that would work in your program?

- What are some of the foods that are unsafe for infants? For toddlers?

Show the second video segment and discuss.

5. Play the remainder of the section on feeding (about 10:06 minutes into the video). Ask, for example:

   - Is there something in this section of the video that you would want to emphasize to a new caregiver?
   - Is there something that you might not agree with (e.g., some people have been surprised that a cabinet used to store toxic chemicals would have a decoration that grabbed children's attention)?

Divide participants into small groups to create posters/poems about topics related to feeding. Replay the video segment, if desired.

6. Ask groups of three to five participants to pick a topic related to feeding, such as the setting, safety, or health. After making the assignment, you may want to rewind the video and let the group watch it once again, paying particular attention to the information they want to use on their posters. If you are focusing this session on feeding only, show the section "More Than Just Routine" here.

   Option #1: Tell participants that you would like them to make posters about feeding routines. Use poster board, colored felt-tip pens for drawing pictures, and/or family or food magazines for cutting out illustrations. Alternatively, you may wish to take Polaroid photographs of participants performing routines and use the photos to illustrate a poster.

   Option #2: Ask participants to create group poems on the topic of a feeding issue. Pass out colored felt-tip pens and heavy paper so that attractive signs can be made. When the posters/poems are completed, they should be shown to the group and displayed at appropriate places in the child care setting.

Show the third video segment.

7. Now show the next section of the video on diapering (about 10:06 minutes through about 15:13 minutes into the video). Stop the video.

Volunteer demonstrates hygienic diapering.

8. Select a participant or ask for a volunteer to help lead the group through the seven steps of hygienic diapering. Remind the group that this is not a test of that person's knowledge but of the entire group's knowledge because the group members will be deciding together which step to follow next.

Using the doll (or a live baby if one is available), ask the group to tell the volunteer step-by-step what to do to change the diaper. The person can pantomime washing hands if running water is not available. Check to see how well the group remembers the seven steps of hygienic diapering.

During this demonstration, remind the group of key points such as organizing the diapering area for ease and convenience, using cloth diapers for environmental protection, and so forth.

OPTIONAL: If the training setting is not conducive to a diapering demonstration, replay the video segment where Lynn demonstrates the seven steps of hygienic diapering, and ask the group to examine each step closely and critique it.

Pass out Handout #19.

Pass out Handout #19, The Seven Steps of Hygienic Diapering.

Show the fourth video segment.

9. Now show the next section of the video on napping (approximately 15:13 minutes through 20:02 minutes into the video). Stop the video. Lead a group discussion by posing questions such as these:

Discuss napping.

- How many different napping strategies did you see in the video? How do you decide which is most appropriate for each child in your program?
- How would you include parents in planning napping procedures for their children?

OPTIONAL: Using the Guide, conduct a random reading and journal writing activity.

10. Use *A Guide to Routines*, pp. 54-61, on napping as follows: Participants open the pages at random and point with their eyes closed. They read the sentence or two they have pointed to and jot down in their journal what it means to them. Sometimes these random readings have a lot of meaning to the participant; sometimes they don't. Ask if anyone found anything particularly interesting that they'd like to share.

Show the final section of the video.

11. Finally, show the last section of the video *More Than Just Routine* (about 20:02 minutes into the video) on the role of routines in the child's growth and development, through the final credit. Stop the video.

Give a mini-lecture about how infants' needs change as they grow.

OPTIONAL: Show The Ages of Infancy.

12. Explain to participants that, as they know from working with them, very young children change a lot between birth and three years old. For the purposes of understanding the needs of different age infants, we think of them in three stages: young, mobile, and older. Each stage has its own consuming issue, a need that, if not met, leaves the child uncomfortable and unable to develop well. For the youngest infants, birth to about 6 or 8 months, the need is for security, so they can develop a sense of trust in the world. Mobile infants, around 8 to 16 months or so, are incessant explorers; they move around and are into everything. Older infants are consumed with developing a sense of their own identity. "Me" and "no" are expressions of this need.

    Show *The Ages of Infancy*.

Divide participants into small groups to discuss how children relate differently to a specific routine as they grow.

13. Ask participants to get together in small groups of three to five people to think about how children relate differently to routines as they grow.

    Have each group pick one routine, feeding, diapering, or napping, and think of it in terms of the young infant's need for security, the mobile infant's need to explore, and the older infant's desire for autonomy. Ask them to come up with at least one strategy for each age child that will make the routine appropriate and enjoyable for both child and caregiver.

Small groups share their ideas with the larger group.

    After five minutes, ask if participants would like to share their ideas with the group. Share your own reflections on making routines fit the individuality of each child. Note anything that impressed you the first time you saw the video, and ask what may have impressed others.

Conclude lesson by discussing how participants anticipate their routines will change.

14. Finally, ask participants if they suspect they will think of their daily routines differently in the future as a result of watching this video. Write their comments on the board/paper. End the session by reminding them that there are two important aspects to routines: doing them properly and doing them with respect and sensitivity.

Pass out video magazine.

15. Make sure each participant has a copy of *The Ages of Infancy* video magazine which summarizes the points of this lesson.

Handout #19
The Seven Steps of Hygienic Diapering

1. Check to be sure the diaper area has been sanitized since the last diapering. If not, discard used paper, spray with a bleach solution, and put clean paper down.

2. Wash hands before changing a diaper.

3. Dispose of used diapers in the containers provided.

4. Wipe the child with a clean, moist cloth or baby wipe, and put a clean diaper on the child. Dispose of the used cloth or wipe in the container provided.

5. Wash the child's hands.

6. Clean and sanitize the diapering area: Discard used paper in the container provided, spray with a bleach solution, wipe with a paper towel, and discard the paper towel.

7. Wash hands thoroughly.

Lesson 9 Greetings and Departures

Overview: This lesson stresses the role of arrival and departure times in building relationships between the caregiver and parent and between the caregiver and child. Following a review of basic concepts, participants are given the opportunity to practice positive behaviors by role playing and receiving feedback from others.

Philosophy: Arrivals and departures are important times for both parents and children. They set the mood for the whole day. By skillful handling of separation issues and by using the contact with parents to exchange information about the child and the program, caregivers can significantly help both parents and children to feel comfortable in the child care setting.

Key Concepts:

- Arrivals and departures are major transitions for both parents and children and need to be handled sensitively.
- Although it may require special planning when caring for several children, the caregiver should give each parent and child personal attention when arriving and departing from child care.
- Depending on the parent's schedule, either the arrival or pick-up should allow extra time for a daily exchange of information between the parent and caregiver about the child's care.

Materials: *Infant/Toddler Caregiving: A Guide to Routines*

Doll

OPTIONAL: If some time has elapsed since the showing of the "More Than Just Routine" segment of *It's Not Just Routine*, you may wish to begin this lesson by showing it again.

OPTIONAL: When discussing techniques of establishing relationships, you may wish to use the video *First Moves: Welcoming a Child to a New Caregiving Setting.* This video addresses how caregivers can deal with the physical, social, and emotional issues involved when a child enters a new caregiving setting.

OPTIONAL: Videocassette recorder and monitor

Handout #20, Arrivals and Departures

Time: 60-90 minutes

Preparation: Read pp. 7-13 in the *Guide.*

Make a copy of the scenarios for each group.

Make a copy of the handout for every participant.

♦ ♦ ♦ ♦ ♦

Procedures:

Introduce the lesson with a group discussion.

1. Tell participants that today you are going to talk about an important part of everyone's day: arrivals and departures. Ask the group what they have found works best for them in handling arrivals and departures. If the group is small enough, go around the room, and ask each person to describe one technique that works best for her or him.

   Now ask the group to tell you what is most difficult for them about arrivals ... then about departures. Write their ideas on the chalkboard/easel paper.

Hold group discussion.

2. Explain that arrivals and departures can be difficult times for children and for parents. Caregivers can help ease these transitions by handling them thoughtfully.

Review Handout #20.

Pass out Handout #20, Arrivals and Departures. Review the key points under each heading with the group. (Refer to *Infant/Toddler Caregiving: A Guide to Routines* for help in planning this discussion.) Encourage participants to share their ideas about each point.

Lesson 9 Greetings and Departures

Overview: This lesson stresses the role of arrival and departure times in building relationships between the caregiver and parent and between the caregiver and child. Following a review of basic concepts, participants are given the opportunity to practice positive behaviors by role playing and receiving feedback from others.

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- Depending on the parent's schedule, either the arrival or pick-up should allow extra time for a daily exchange of information between the parent and caregiver about the child's care.

Materials: *Infant/Toddler Caregiving: A Guide to Routines*

Doll

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Preparation: Read pp. 7-13 in the *Guide.*

Make a copy of the scenarios for each group.

Make a copy of the handout for every participant.

♦ ♦ ♦ ♦ ♦

Procedures:

Introduce the lesson with a group discussion.

1. Tell participants that today you are going to talk about an important part of everyone's day: arrivals and departures. Ask the group what they have found works best for them in handling arrivals and departures. If the group is small enough, go around the room, and ask each person to describe one technique that works best for her or him.

   Now ask the group to tell you what is most difficult for them about arrivals ... then about departures. Write their ideas on the chalkboard/easel paper.

Hold group discussion.

2. Explain that arrivals and departures can be difficult times for children and for parents. Caregivers can help ease these transitions by handling them thoughtfully.

Review Handout #20.

Pass out Handout #20, Arrivals and Departures. Review the key points under each heading with the group. (Refer to *Infant/Toddler Caregiving: A Guide to Routines* for help in planning this discussion.) Encourage participants to share their ideas about each point.

Small groups prepare role plays based on scenarios in Handout #20.

3. Tell participants that they will now have an opportunity to have fun and practice what they have learned. Divide the group into small groups, and assign each group a scenario. If there are more participants than scenarios, give the same scenario to more than one group.

   Allow the groups five minutes to discuss the scenario and then another five minutes to decide how they are going to role play it. Depending on the number of "actors" in each scenario, everyone in the group may not have an active role, although additional "actors" may play the role of other children in the group.

   At the end of ten minutes, ask each group to present its role play to the group. Remember—because the scenarios are predetermined, no one is being judged on her or his caregiving abilities. Also this is not the Academy Awards, and no one needs to be nervous about her or his acting ability. Just have fun.

After each role play, the entire group discusses what happened.

When each group completes its presentation, ask the rest of the group to discuss:

- Was the social-emotional climate warm, friendly, caring, and personal? Was there anything else the caregiver could have done to have made it more so?
- Was there a meaningful exchange of information between parent and caregiver? If not, how might it have been improved?
- Did the arrival/departure meet the needs of everyone in the group? Whose needs were not met? Why not? What might the caregiver have done to have made the routine more helpful?

Handout #20
Arrivals and Departures

Arrivals set the mood for the day.

Information Exchange
Find out how the child ate and slept, her or his mood and health, and any important events that might be influencing the child.
Tell the parents if something special is expected today.

Parenting Issues
Assist the parent who is having a problem with the child. Explain how you handle the problem, sharing ideas and resources, if it seems appropriate.
If the child is present, try to give attention to both parent and child.

Establishing Relationships
Show confidence that the child will be fine.
Go slowly.
Ask the parent to stay for a few minutes to make the transition more gradual.
Understand age differences.
Comfort the parent, if necessary.
Help the parent understand the importance of saying good-bye.
Encourage the parent to make a prompt exit after saying good-bye.

Departure behaviors can be unexpected.

Getting Ready
Organize the child's belongings in advance.
Let the child know she or he will be going home soon.

Not Wanting to Leave
Reassure the parent that it's not personal.
Help the child find a conclusion to her or his activity.

Feeling Deserted
Reassure the child when mom or dad is late.
Use the time to share a special book or special toy.

Exchange Information
Tell the parent what happened to the child today.
Add a word or two to the child about tomorrow.

Scenario 1

Characters: Judy, a four-month-old infant (doll)
Page, Judy's 32-year-old mom
Anita, the caregiver

Situation: Today Judy rolled over for the first time. Page has arrived late once again to pick up Judy. She looks tired, harried, and rushed. Several times Page has expressed to Anita her anger about having to work and not being able to stay home with Judy. Anita is feeling angry that she has had to stay late with Judy. She needs to remind Page of the rules about late pick-up and to collect the late fee. At the same time, she wants to share information about Judy's new accomplishment with Judy's mom.

Scenario 2

Characters: Justin, a feisty, active 24-month-old
Joe, Justin's dad
Toby, Justin's caregiver

Situation: Today is Justin's first day at Toby's family care home. Justin has been to the center before to visit, and Joe has previously filled out all the paperwork. Joe greets Toby and prepares to leave. Suddenly, Justin flings himself onto Joe's legs and refuses to let go.

Scenario 3

Characters: Marta, a shy, fearful 10-month-old
Tony, a 15-month-old toddler
Sofia, Marta's mom
Inez, Marta's caregiver

Situation: Some out-of-town relatives were visiting at Marta's house last night, and the baby's normal routines were disrupted. This morning, Sofia is late for work. Marta is cranky and tired. She stayed up late last night and woke up early this morning. Sofia is trying to tell Inez about Marta's difficult night and explain that Marta may need an earlier nap and feeding than usual. Meantime, Marta is clinging to her, half crying, and Tony just fell down and bumped his head. He is howling.

Scenario 4

Characters: Chris, an 18-month-old
Teresa, Chris's mom
Pat, Chris's caregiver

Situation: Teresa has come to pick up Chris at the end of the day. Chris, however, is simply not interested. Chris is playing with building blocks and ignores Teresa's overtures. Chris does not want to go home.

Lesson 10 Dressing and Bathing

Overview: In this lesson, participants discuss the differences in children's dressing and undressing capabilities and desire for independence at different ages. As with other routines, dressing and bathing are seen as opportunities for a caregiver and child to share one-on-one time, deepening the bond between them. Safe bathing techniques are also demonstrated in this lesson.

Philosophy: Dressing and bathing routines are valuable experiences for children when the caregiver allows the child to do them without rushing. They provide an opportunity for sharing enjoyment, learning the names of body parts, developing independence, and just getting to know each other better. Parents' concerns about clothing and cleanliness also need to be considered; they are often sensitive issues.

Key Concepts:

- Infants, even when they are very young, need to be handled and talked to with respect during routines such as dressing and bathing so that they can begin to predict and participate as they grow.

- Mobile infants may not be cooperative at first; they require patience and acceptance of their feelings.

  Although toddlers are developing independence and skills, they still may need some help. Giving them choices helps them feel powerful, making them more likely to cooperate during dressing.

- Bathing infants is usually done at home by parents. When children are bathed in child care, careful preparation and attention to details such as water temperature are necessary to ensure the child's safety.

Materials: *Infant/Toddler Caregiving: A Guide to Routines*

Doll

Infant bathtub, soap, water, washcloth, towel, rubber mat

Chalkboard/chalk or easel paper/pens

Handout #21, Developing Self-Help Skills in Dressing
Handout #22, Safe Bathing Procedures

Time: 60 minutes

Preparation: Read pp. 44-53 in the *Guide*.

Make a copy of each handout for every participant.

♦ ♦ ♦ ♦ ♦

Procedure:

Introduce the lesson with a group discussion.

1. Begin the lesson by explaining that today you are going to be discussing dressing and bathing routines. Ask the participants what techniques they use to make dressing and undressing infants and toddlers enjoyable for themselves and the children. List their ideas on the board or easel paper.

   Point out to participants that dressing is one of those one-on-one experiences that help build a close and intimate relationship between a caregiver and a child. It should be fun for both parties.

Give a mini-lecture on dressing.

2. Now tell participants that dressing and undressing are also opportunities to help children develop feelings of autonomy and independence. Explain that not all cultures or families value independence equally, so some parents will not encourage children to practice self-help skills at home. These children may need more time and gentle encouragement to become active in their own care. Caregivers need to show respect for the way parents do things at home and also explain to parents how and why they encourage self-help activities.

Review Handout #21.

3. Pass out Handout #21, Developing Self-Help Skills in Dressing, to every participant. Review the suggestions on this sheet together. Encourage participants to react to them and to add ideas of their own.

Give mini-lecture on bathing.

4. Now tell participants you are going to discuss bathing. Because bathing is such a pleasurable experience, most parents will prefer to give baths themselves. However, if you have engaged in a particularly messy activity, you may need to clean the children up. Remember that different cultures have different beliefs and standards about bathing. Caregivers may wish to discuss bathing policies and practices with parents in an orientation before enrollment to avoid conflicts later.

Ask for a volunteer or assign a participant to demonstrate bathing.

5. Now ask for a volunteer who will be willing to demonstrate bathing a baby using the doll and bathing equipment you have provided for the occasion. If no one volunteers, ask one of the participants to do it. Remind them that this is not a test–the rest of the group will guide them in what to do.

Select an area of the room close to the water supply, if possible. Put the doll and bathing supplies you have brought to the session in this area.

Conduct a bathing demonstration, using Handout #22.

Pass out Handout #22, Safe Bathing Procedures, to every participant. Ask the group to go over to the bathing area. The participant will read the instructions step-by-step out loud to the volunteer bather, who will model these steps using the doll.

Respond to questions; then review bottom of Handout #22.

Following the demonstration, ask participants if they have any questions about bathing infants. After responding to any questions, read through the safety guidelines for bathing older infants and toddlers at the bottom of Handout #22.

Handout #21
Developing Self-Help Skills in Dressing

1. Provide dolls and other toys that allow children to practice untying, zippering, and fastening buttons, snaps, and so forth.

2. Set up a routine (e.g., taking off shoes for naptime, putting on coats before going outside).

3. Let the child know ahead of time what will be happening: "I am going to have to change your clothes in a few minutes."

4. Partially help the child: "You put your shoes on, and I'll tie them."

5. Explain to children who resist it why your request is important at that particular time: "I see you really don't want to put on your sweater, but I think it is too cold to go outside without it."

6. Offer an alternative: "You can stay in if you don't want to put your sweater on." "You have to change your shirt, but you can choose the red one or the blue one to change into."

7. Help the child having a hard day: "I know you can put your shoes on, but I see you need me to do it for you this time."

Handout #22
Safe Bathing Procedures

Young Infants

1. Make sure the room is warm enough.

2. Have all the supplies you will need at hand. Never leave a baby alone on a counter or in a tub.

3. Half-fill the baby bathtub with water of body temperature. Test the water with your elbow or wrist.

4. Start with the infant's head. Wash the face with a soft cloth. Do not use soap. Clean the ears by using a corner of the washcloth and a finger. Wash hair, if necessary, by tucking the infant under your arm, supporting the head with one hand. Hold the head over the tub or under the faucet to wet the hair, soap up, rinse, and towel dry. You can wash the soft spot on the top of the baby's head without fear.

5. Use one of the following methods to give the rest of the bath:

   a. Wash the baby on the pad outside the tub, and rinse the baby in the tub.

   b. Put the baby in the tub, carefully supporting the head with one hand while you wash and rinse with the other. Use a cloth or your hand.

   Be sure to wash and rinse all wrinkles and creases gently.

6. Take the baby out of the tub, wrap the baby in a towel, and pat dry. You can apply baby oil or cornstarch if you want to.

Mobile Infants and Toddlers

1. Never leave a child alone in the tub.

2. Have all supplies at hand.

3. Test the water to be sure the temperature is right before placing the child in the water.

4. Use a rubber mat or nonskid stickers on the bottom of the tub.

5. Use fresh water and a clean washcloth and towel for each child.

6. Wash the tub thoroughly after each use.

Notes:

Lesson 11 Health and Safety

Overview:

This lesson introduces basic health and safety issues to participants primarily through a mini-lecture by the trainer. The optional activities allow the participants to engage in hands-on activities related to health through the compilation of a first aid and/or earthquake kit. In this way, the participants know what materials may be found in these kits.

Because health and safety are such important issues, it is highly recommended that you supplement this lesson with outside speakers. Consider inviting the following individuals to conduct training for participants: public health nurse and/or pediatrician to discuss common childhood illnesses and/or chronic illnesses; representative from the Red Cross to give special first aid training and/or cardio-pulmonary resuscitation (CPR) training for very young children. CPR techniques are appropriate for use with infants and toddlers, but they must be modified to meet their special needs.

Philosophy:

Health and safety are serious issues in child care. Every program should have clearly defined, written health and safety policies and guidelines. However, it is important that health and safety issues not overshadow other priorities of quality care (i.e., promoting social interaction, emotional well-being, exploration and discovery, and enjoyment for the children).

Key Concepts:

- Sanitation practices are absolutely necessary for keeping children and caregivers healthy. Thorough hand washing and cleaning and disinfecting of equipment, toys, walls and floors, cribs and bedding, and food and toileting areas will help prevent the spread of illness in child care settings.

- Careful monitoring of the environment and consistent safety measures can prevent most injuries. When an injury or accident does occur, it is crucial to have on hand a well-stocked first aid kit to treat it properly.

- Emergency preparedness, such as earthquake and fire drills, posted procedures, emergency kits, and a disaster plan, is critical to ensuring the children's safety in the event of earthquake or fire.

Materials:

Infant/Toddler Caregiving: A Guide to Routines

Telephone directory

Overhead projector if available

OPTIONAL: First aid kit(s) and supplies

OPTIONAL: Earthquake kit(s) and supplies

Handout #23, Reducing Illness in Child Care
Handout #24, Preventing Injuries
Handout #25, A Well-Stocked First Aid Kit
Transparency/Handout #26, Responding to Injuries
Transparency/Handout #27, Accident Sheet
Handout #28, Preparing for Disasters
Handout #29, An Earthquake Kit

Time:

45-60 minutes

Preparation:

Read pp. 72-94 in the *Guide*.

Make a copy of each handout for every participant.

Make transparencies from the transparency/handouts, if desired.

Obtain materials for first aid and earthquake kits.

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Procedure:

Introduce the lesson with a group discussion.

1. Begin the lesson by asking participants what they think are the most common causes of illness in the child care setting. Among their responses will most likely be parents bringing sick children whose germs are shared with other children in the program.

Tell the participants that illness in the child care setting can be reduced if sanitation procedures are carefully followed and if recommended guidelines for allowing sick children are followed.

Review Handout #23.

2. Pass out Handout #23, Reducing Illness in Child Care, to every participant. Carefully review the information on the handout. Encourage participants to ask questions and to share their experiences.

   Important point: Do not give aspirin to children–it can cause a serious illness called Reye's Syndrome. Use acetaminophen (Tylenol) instead. Do not give any medication to children without the parent's written permission.

Review Handout #24.

3. Next tell participants that it is important to keep safety precautions in mind at all times to avoid injuries. Pass out Handout #24, Preventing Injuries, to participants. Carefully review the information on the handout. Encourage questions and sharing.

OPTIONAL: Participants create their own first aid kit, using Handout #25.

4. Help participants prepare for accidents by creating their own individual or group first aid kit. Participants who work together may do this project in teams. Put out the kits you have previously obtained and the first aid supplies. Give every participant a copy of Handout #25, A Well-Stocked First Aid Kit, and allow each participant/team to put together a first aid kit by following the list on Handout #25.

   If you do not actually put the materials together in a kit, give every participant a copy of Handout #25 for future reference.

Review Transparency/ Handout #26.

5. What do you do if an accident occurs? Put Transparency #26, Responding to Injuries, on the overhead, or pass out Handout #26 to every participant. Review the material on this sheet together. If feasible, fill in the emergency numbers together, using the telephone directory.

Review Transparency/ Handout #27.

6. Put Transparency #27, Accident Sheet, on the overhead, or pass out Handout #27 to participants. If you are aware of licensing requirements regarding accident records in your area, remind participants of those requirements.

If you have not already done so, pass out Handouts #26 and #27 to every participant for future reference. If necessary, allow a few moments for them to copy down the correct emergency numbers.

Review Handout #28.

7. Tell participants you want to talk about one final health and safety procedure. Pass out Handout #28, Preparing for Disasters, to every participant. Review the information contained on it together. Encourage questions and sharing.

   Important point: Natural disasters like fires and earthquakes can't always be prevented. The best advice is to be prepared. Monthly drills to ensure emergency preparedness may be required by state or local agencies. Even if they're not, you should have a clear plan for how you will respond to an emergency. Inform parents of your plan, and practice drill procedures with the children and other caregivers.

OPTIONAL: Participants create their own earthquake preparedness kit, using Handout #29.

8. Help participants prepare for an emergency by creating their own individual or group earthquake preparedness kit. Participants who work together may do this project in teams. Put out the boxes or kits you have previously obtained and the earthquake supplies. Give every participant a copy of Handout #29, An Earthquake Kit, and allow each participant/team to put together an earthquake kit by following the list on Handout #29.

Handout #23
Reducing Illness in Child Care

Sanitation is absolutely necessary:

Wash your hands:

1. At the start of the day just before working with the children
2. Before and after handling food and feeding children
3. Before and after diapering/toileting a child
4. Before and after your own toileting and personal grooming
5. After having contact with any bodily fluids (mucous, saliva, urine)

Clean and disinfect daily:

1. Use a solution of one-quarter cup liquid chlorine bleach to one gallon of water in a plastic spray bottle.
2. Prepare a new batch every day.
3. Use this to clean the food area, diapering/toileting area, and feeding/eating tables after each use.

Common Symptoms of Illness

Fever -- use a rectal thermometer in the child's armpit
Unusual behavior -- a child who is "just not herself"
Changes in skin color or texture -- red, pale, or yellowish skin; spots or rashes
Changes in the eyes -- red or yellow cast to the whites of the eye, tearing, or discharge
Respiratory problems -- sniffle, coughing, wheezing, discharge from the nose, or rapid breathing in infants
Changes in stool -- diarrhea, frequent bowel movements, pale or unusual color
Changes in urine -- dark urine, infrequent urination may mean dehydration
Changes in appetite -- sick children don't usually eat well
Vomiting or spitting up -- if unusual in amount or in frequency

Decisions about when a child is too sick to come to child care must be made. Very sick children (oral temperature of 101 or higher; rectal temperature of 102 or higher; armpit temperature of 100 or higher) must not come until their symptoms have disappeared. Mildly sick children may come, depending on the program's policy and whether the caregiver feels able to meet both the child's emotional and physical needs.

Handout #24
Preventing Injuries

- Never leave a child alone during diapering, bathing, or toileting.
- Check water temperature before washing or bathing a child.
- Use a nonskid mat in the tub to prevent slippage.
- Post a list of children's food allergies in the food preparation area.
- Serve appropriate foods to children. To prevent choking, avoid carrot sticks, apple slices, hot dog rounds, marshmallows, peanut butter, grapes, popcorn, raisins, peanuts, and other nuts.
- Always hold young infants for bottle feeding.
- Avoid using high chairs, if possible. Never leave a child unattended in a high chair.
- Use only plastic for children's bottles, cups, and dishes. **Do not use glass.**
- Make sure crib slats are no more than 2 3/8 inches apart, and railings are at least 22 inches from the top of the railing to the mattress when the rail is set at the lowest level.
- Make sure wooden cribs are free of splinters and painted with leadfree paint.
- Do not allow the child to sleep with objects on which she or he could choke or which could smother the child.
- Do not use toys with strings on them in or around the crib.
- Move the child from crib to cot and from high chair (if used) to low chair before the child is able to climb out independently.

Handout #25
A Well-Stocked First Aid Kit

Purchase or put together a first aid kit. Keep it in the same place at all times so it can be quickly found when needed. Replenish supplies as soon as they are used.

Keep the following items in your first aid kit:

- Thermometers (rectal type only, for use in armpit)
- Tweezers
- Absorbent cotton
- Adhesive tape
- Adhesive strip bandages
- Sterile gauze bandages
- Children's acetaminophen, such as Tylenol
- Cotton-tipped swabs
- Rubbing alcohol
- Drinking cups
- Measuring spoon
- Safety pins
- Sharp scissors
- Tongue depressors
- Syrup of Ipecac (to induce vomiting–if instructed to do so by the poison control center)
- Activated charcoal (to absorb poison–if instructed to do so by the poison control center)
- Epsom salts (a laxative–use only if instructed to do so by the poison control center)

Handout #26
Responding to Injuries

Emergency Telephone Numbers

Physician: _____

Hospital emergency room: _____

Paramedics: _____

Fire department: _____

Police: _____

Poison control center: _____

Backup caregiver(s): _____

If an accident happens

1. Post this list next to the telephone in advance.
2. Arrange in advance for someone else who can care for the other children in an emergency.
3. Remain calm. How you react will influence how the children react.
4. Do not move a child if you suspect broken bones or internal injuries.
5. Act quickly to get help.
6. Notify parents immediately of head injuries and falls where internal injury is possible.
7. Keep a record of injuries (see Handout #27).

Handout #27
Accident Sheet

Date	Time	Child's Name	Location	Accident	Action Taken	Initials

Handout #28
Preparing for Disasters

Fire Drills

- Select a holding area away from the building.
- Sound the alarm.
- Evacuate immediately: Carry infants or push them in a crib; walk with or carry toddlers.
- Take attendance of children and adults before anyone returns to the building.

Earthquake Drills

- Teach older children (30 months on up) to "duck and cover" (i.e., get under the table if inside the building or to an open space outside where they will crouch down and cover their heads).
- Gather infants away from mirrors, windows, and glass inside and away from power lines, trees, glass, and high structures outside.
- After an earthquake, move all children and infants outdoors as soon as possible. Take attendance of all children and adults immediately.

Handout #29
An Earthquake Kit

Put together an earthquake kit, and store it in a place you think will be accessible and undamaged in an earthquake.

Put the following in your kit:

- Flashlights and batteries
- Cache of food
- Water
- First aid supplies
- Diapers
- Baby wipes

Notes:

Lesson 12 Record Keeping

Overview:

This lesson explains to participants the importance of keeping accurate records. It also discusses sources of record information and provides some useful forms for them to use. An optional activity in this lesson is to give participants the opportunity to set up their record-keeping system on the spot, with a manila file devoted to each child.

Philosophy:

An important element of any child care program that meets the individual needs of infants and toddlers is the maintenance of a written record of each child's growth and development. Keeping these records should not be seen as another burden on the caregiver, but as an opportunity for the caregiver to reflect on and express the important knowledge gained from daily contact with the child.

Key Concepts:

- Written records are an essential supplement to the caregiver's informal, unwritten assessments of each child's growth and development because they provide a more detailed, methodical accumulation of information.
- It's important not to think of "assessment" information as a way of comparing one child to another. At the same time, this information can be helpful in suggesting the possibility that there is a developmental lag or that a child may have special needs.
- Information is gathered through forms, interviews, and observations of the child. The child's family members are a major source of information about the child's development and experiences outside child care.

Materials:

Infant/Toddler Caregiving: A Guide to Routines

Required record forms in use in your area

OPTIONAL: Porta-files (see "Assignment" below), manila files

Overhead projector if available

Transparency/Handout #30, Record Information
Handout #31, Profile of Infant Development: Sample Checklist

Time: 45-60 minutes

Preparation: Read pp. 95-102 in the *Guide*.

Make a copy of each handout for every participant.

Make a transparency of the transparency/handout, if desired.

OPTIONAL: Provide multiple copies of forms used in your area and/or found in the handouts. Review pp. 115-124 in the *Guide* for additional forms.

Assignment: Depending on your training situation, you may wish to assign participants to bring a portable filing device and manila file folders to the training session so that they can set up their record-keeping system during the lesson. Or you may wish to provide these items yourself as part of the training.

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Procedure:

Introduce the lesson.

1. Begin by saying that participants may feel they are too busy with the "real work" of routines and activities with children to maintain written records of children's growth and development. Such time, however, should be thought of as an important part of the work of caring for children and, furthermore, as a break for the caregiver from the whirlwind of the day's activities. Once basic forms are completed, keeping them up-to-date should take only a few minutes a day. Time for this activity should be built into the caregiver's schedule.

Lead a group discussion about record keeping.

2. Ask participants how many now keep current records on each child under their care. Encourage individual participants to explain the kinds of records they maintain, why they do it, and how much time it takes them. Ask those participants who are particularly careful about record keeping what benefits they find to this activity.

   Explain to participants that written records are important. No one has a perfect memory. Having written histories on each child can allow you to see if that child's growth and development are proceeding normally and help you communicate clearly with parents about the child's progress. Remember that there is a wide range of "normal" behavior.

   Also remember that each child's record is confidential. Don't leave files lying around where others may read them.

Review Transparency/ Handout #30.

3. Put Transparency #30, Record Information, on the overhead projector or pass out a copy of Handout #30 to each participant. Review this information together. If there are specific forms that each participant in your area must use, provide copies of those forms now. In addition to these records, the child's file should include participants' notes on the child's development.

Review Handout #31.

4. Now pass out Handout #31, Profile of Infant Development: Sample Checklist. Review each category on the checklist with the participants.

OPTIONAL: Participants set up their own filing system.

5. Participants now have an opportunity to set up a portable filing system for each child in their care. Use the porta-files, manila folders, and forms you have brought to this meeting. Each participant should have one manila file per child. Label each file with the child's name, and put a copy of each form to be maintained in each child's file. Participants should fill in all identifying information on each form for each child. By the end of the session, participants should have a portable filing system set up into which they put the information they gather. Once initial information is entered, they need only keep it up-to-date. Encourage participants to include anecdotal information by writing (and dating) a paragraph describing each child to put in the file.

Transparency/Handout #30
Record Information

The Child's File

1. Social-emotional development
2. Physical development
3. Language development
4. Cognitive development

Types of Information

1. Developmental history of child
2. Health history
3. Nutrition information
4. Child-rearing practices
5. Family background
6. Language spoken at home
7. Special considerations

Sources of Information

1. Interview with family
2. Physician's report – evaluation by the child's doctor
3. Child's pre-admission health history – parent's report
4. Medication release
5. Infant meal plan

Handout #31
Profile of Infant Development: Sample Checklist

Name: _____ **Birth Date:** _____

Social-Emotional Development

Young Infant (to about nine months)	*Date Observed*
Makes eye contact	_____
Smiles back at adults	_____
Recognizes primary caregiver	_____
Laughs at patty-cake and peek-a-boo games	_____
Withdraws or cries when stranger approaches	_____
Shows dislike when familiar toy is removed	_____
Other	_____

Mobile Infant (to about 18 months)	*Date Observed*
Shows discomfort on separation from mother	_____
Participates in peek-a-boo and patty-cake games	_____
Offers and gives toy to adult	_____
Knows difference between own possession and others'	_____
Initiates social games like ball play	_____
Other	_____

Toddler (to about 36 months)	*Date Observed*
Protests when activity is blocked	_____
Picks up and puts away toys on request	_____
Shows affection – carries or hugs doll, shows regard for people or possessions	_____
Occupies self, thinks up own play activities, or acts on simple suggestions	_____
Explores, investigates surroundings	_____
Plays alone but alongside or among other children, focuses on own activity but is aware of theirs without disturbing them	_____
Plays and interacts with other children	_____
Helps at little tasks	_____
Other	_____

Physical · Large-muscle Development

Young Infant (to about nine months)	*Date Observed*
Controls head	_____
Rolls from back to side	_____
Rolls from back to front	_____
Creeps or inches forward or backward	_____
Other	_____

Mobile Infant (to about 18 months)	*Date Observed*
Crawls	_____
Gets into sitting position	_____
Pulls to stand	_____
Cruises holding onto furniture	_____
Walks independently	_____
Other	_____

Toddler (to about 36 months)	*Date Observed*
Walks fast and well	_____
Runs awkwardly	_____
Walks up stairs holding a hand	_____
Walks backward	_____
Climbs	_____
Runs well	_____
Throws ball with aim	_____
Walks up stairs without a hand	_____
Jumps	_____
Can stand on one foot briefly	_____
Other	_____

Physical · Small-muscle Development

Young Infant (to about nine months)	*Date Observed*
Coordinates sucking, swallowing, and breathing	_____
Gums and swallows textured foods	_____
Drinks from cup with help	_____
Closes lips on spoon to remove food	_____
Picks up spoon	_____
Reaches for and grabs toy	_____
Transfers toy from hand to hand	_____
Other	_____

Mobile Infant (to about 18 months) — *Date Observed*

Feeds self small bits of food using fingers _____
Eats cracker _____
Eats mashed table foods _____
Uses thumb and forefinger to pick up small items _____
Turns pages of books _____
Scribbles _____
Other _____

Toddler (to about 36 months) — *Date Observed*

Drinks from cup unassisted _____
Feeds self well using spoon _____
Washes and dries hands alone _____
Unfastens clothing _____
Removes simple garments _____
Exercises bladder and bowel control _____
Cares for self at toilet _____
Puts coat and shoes on _____
Stacks blocks _____
Puts pegs in pegboard _____
Takes covers from objects _____
Takes things apart _____
Puts things together (like simple construction toys) _____
Uses paint brush _____
Other _____

Language Development

Young Infant (to about nine months) — *Date Observed*

Turns head in direction of voices and sounds _____
Listens _____
Cries _____
Responds to voices _____
Coos, whimpers, gurgles, and makes a variety of sounds _____
"Talks" to self and others _____
Imitates sounds _____
Other _____

Mobile Infant (to about 18 months)	*Date Observed*
Knows that words stand for objects	_____
Responds to words	_____
Carries out simple commands	_____
Expresses self using gestures and movements	_____
Uses words such as "mama"	_____
Has intonation	_____
Other	_____

Toddler (to about 36 months)	*Date Observed*
Shows body parts, clothing items, or toys on request	_____
Labels objects	_____
Follows two simple directions	_____
Uses two-word sentences	_____
Uses name when referring to self	_____
Names pictures in a book	_____
Listens to stories or rhymes	_____
Uses personal pronouns I, me, you	_____
Converses in short sentences	_____
Answers questions	_____
Uses language to convey ideas	_____
Has fairly clear pronunciation	_____
Other	_____

Cognitive Development

Young Infant (to about nine months)	*Date Observed*
Is visually alert a good part of waking hours	_____
Recognizes familiar objects	_____
Looks for dropped objects	_____
Is able to use several senses at once	_____
Is able to remember games and toys from previous days	_____
Anticipates return of people	_____
Is able to concentrate	_____
Pulls cover off toy when hidden	_____
Solves simple manipulative problems	_____
Shows interest in discovering the consequences of own behavior	_____
Other	_____

Mobile Infant (to about 18 months)	*Date Observed*
Is good at finding hidden objects	_____
Uses trial-and-error method effectively	_____
Explores new approaches to problems	_____
Thinks about actions before doing them	_____
Imitates people who are not present	_____
Other	_____

Toddler (to about 36 months)	*Date Observed*
Fantasizes and role plays	_____
Memorizes phrases of songs	_____
Identifies pictures of common objects	_____
Works simple puzzles	_____
Counts to two or three	_____
Knows he is a boy or she is a girl	_____
Knows most of the body parts	_____
Compares sizes, shapes, colors	_____
Names action in pictures	_____
Uses plurals	_____
Expresses self using words	_____
Other	_____

Notes:

Lesson 13 Special Issues with Children and Families

Overview:

This is an introductory lesson on various special issues. In it, participants consider the impact of issues such as child abuse, family substance abuse, and/or chronic illness and handicaps on their caregiving responsibilities. The lesson should not be seen as anything but an introduction to these highly complex topics.

These special issues are sensitive ones that may bring up highly charged personal issues for the participants themselves. It is strongly recommended that you invite a qualified guest speaker to conduct this introductory lesson and subsequent training on the topics introduced. Individuals who work with child abuse and/or family substance abuse have in-depth knowledge of these issues and know how to address the personal issues that may come up for each person. Check local social service agencies in your area to see if they provide trainers. Handle the chronic illness and handicapping conditions the same way. Use this lesson as a "kick off" for separate sessions developed by experts on the three topic areas.

Philosophy:

One of the most sensitive aspects of infant/toddler caregiving is dealing with special issues, such as chronic illness, developmental delay, or child abuse. The importance of seeking assistance from community resources in dealing with these issues cannot be overstated, but it is the child's caregiver who is often the first professional to broach the subject with the parent(s). At such times, it is especially critical that caregivers approach parents in an honest, compassionate, and prepared manner, reflecting both knowledge about the specific issue and an awareness of the feelings involved.

Key Concepts:

- Underlying a caregiver's ability to deal with special issues is the relationship of trust that has been developed with the family. This is facilitated greatly by the assignment of a primary caregiver to each child.

- Dealing with sensitive issues requires a caregiver to be aware of her or his own feelings about the issue. Reflection and discussions with co-workers and friends are helpful in gaining this awareness.

- When abuse, developmental delay, or another serious problem is suspected, it is the caregiver's responsibility to take action. The first step is to learn more about the situation, both from the parents and through other resources. Suspected abuse or neglect must be reported to the authorities, even when there is no absolute confirmation.

Materials:

Infant/Toddler Caregiving: A Guide to Routines

Paper and pencils/pens

Overhead projector if available

OPTIONAL: *Making a Difference* (video-based training package available from the California Child Care Resource and Referral Network)

Handout #32, Child Abuse and Neglect
Handout #33, Responding to the Abused Child
Handout #34, Caring for the Vulnerable Child
Transparency/Handout #35, The Child with a Chronic Illness or Handicap

Time:

60-90 minutes

Preparation:

Read pp. 103-113 in the *Guide*.

Find out what the child abuse reporting requirements are in your area.

Make a copy of each handout for every participant.

Make a transparency of the transparency/handout, if desired.

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Procedure:

Introduce the lesson.

1. Explain to participants that today you are going to be discussing special issues with children and families that affect the caregiver's job. The issues include child abuse, family substance abuse, and children's chronic illness and/or handicaps. These issues are difficult to understand and handle in a positive way.

Give a mini-lecture about child abuse.

2. Almost all parents want to meet their children's needs. Almost no parent wants to hurt her or his children. Yet child abuse and neglect occur much more often than one would expect. Many families with young children are experiencing a tremendous amount of stress. Parents may feel burdened, burned out, and angry. They may have been treated abusively as a child themselves. They may be having difficulties at work or finding work. They may be young and having trouble accepting the joint responsibilities of earning a living and raising a family. They may feel incredible time pressures. They may be drinking too much or using drugs. No matter what the reason is, when they act abusively toward their child who is in child care, the caregiver must take action.

   Caregivers have special responsibilities in regard to these "special issue" children and their families. The first responsibility is to understand the basics of child abuse and the impact of substance abuse on children.

Review Handout #32.

3. Pass out Handout #32, Child Abuse and Neglect, to each participant. Review this information together. Discuss the distinctions between different types of abuse. Encourage participants to share their experiences with children in their care who were abused or whom they suspected were being abused.

Review Handout #33.

4. Pass out Handout #33, Responding to the Abused Child, to each participant. Review this information together. Again, encourage participants' questions and sharing. If the training is a local one, have available specific information (name of agency, phone number, and address) of the place where information about abuse is to be reported.

OPTIONAL: Use the *Making a Difference* training package with participants.

Participants write their feelings about child abuse issues.

5. Pass out the paper and pencils/pens you have brought (or ask participants to take out their journals if you have encouraged journal writing). Tell participants that issues of child abuse bring up a lot of feelings in all of us. Ask everyone to spend a few minutes writing down their feelings about this sensitive issue. All writing will be strictly confidential and will not be read or discussed in the group. Allow about five minutes for the writing.

Review Handout #34.

6. Explain to participants that there are some children who are especially difficult to care for because they have problems related to inadequate prenatal care or premature birth. In these cases, special handling may be needed. Pass out Handout #34, Caring for the Vulnerable Child. Review the information with the participants, noting the reasons for the different strategies. Point out that the philosophy of care for vulnerable children is the same as for all children. Research has shown that, no matter what happens to a child prenatally, personalized, responsive caregiving in the child's early years can contribute substantially to the child's well-being and development.

Review Transparency/ Handout #35.

7. Now tell participants you are going to discuss one other special issue: the child with a chronic illness or handicap. Such children also have special needs. Their needs often create additional stress for their families, as well.

   Put Transparency #35, The Child with a Chronic Illness or Handicap, on the overhead or pass out Handout #35 to each participant. Review the information together carefully.

Handout #32
Child Abuse and Neglect

Types of Abuse

Physical abuse: hitting, shaking, burning, other forms of physical punishment, includes serious neglect of child's physical needs

Emotional abuse: failing to provide child with adequate nurturing, warmth, or appropriate care and supervision

Verbal abuse: excessive yelling, taunting, and teasing

Sexual abuse: adult sexual behavior with the child (e.g., fondling genitals or performing sex acts)

Signs and Symptoms of Abuse

Recurrent and/or unexplained bruises, burns, or other injuries, often in areas not usually bumped or banged (e.g., abdomen, back, or around genitals)

Difficulty sitting or walking because of pain, itching, or bruises around rectal or genital area

Bloody or stained undergarments

Regressive soiling or wetting

Withdrawal, anxiety, overeagerness to please, or acting out

Acting out adult sexual behaviors

Handout #33
Responding to the Abused Child

I. **You must report suspected child abuse to the appropriate agency.**

Name of Agency: _____

II. You can help children develop trust:

1. Provide a consistent, predictable environment.
2. Respond quickly when the child needs something.
3. Provide a single, primary caregiver to whom the child can become attached.
4. Be understanding about difficult behaviors.
5. Support parents rather than blame them.
6. Turn to legal and medical experts for guidance and support.

III. You can help children develop autonomy:

1. Patiently and gently teach self-control. Provide control when necessary.
2. Give special attention to the withdrawn child. Help the child become involved in activities by finding out her or his interests and offering attractive choices.
3. Encourage the child to express her or his feelings.
4. Help parents cope with and control difficult behavior by sharing your knowledge and experience.

Handout #34
Caring for the Vulnerable Child

1. Keep stimulation in the environment down by maintaining small group size, using soft lights and colors, and keeping noise levels low.

2. Foster the development of trust with one special caregiver.

3. Have a consistent and predictable daily routine, responsive to the needs of the individual child.

4. Search for ways to comfort the child. Remember to take your cues from the child's behavior.

With Infants, try:

- Swaddling (wrap the baby securely in a blanket, leaving hands free so the infant can use them for self-comforting)
- Massage (gently stroking the infant with long strokes along back, arms, legs, and feet)
- Holding (close to your body, on your shoulder, cradling)
- Placing the infant on a soft surface and stroking
- Singing or talking quietly

With Toddlers, try:

- Holding the child tightly and firmly to comfort her or him
- Setting limits firmly but lovingly
- Offering choices but not overwhelming the child
- Providing for vigorous activity
- Engaging the child in enticing, quiet activity (e.g., such as songs, special toys, etc.)

Note: Too much touch can be uncomfortable for some infants or toddlers. If the child does not respond well to swaddling, stroking or holding, try making contact with low singing or talking or through your mutual interest in a toy.

Transparency/Handout #35
The Child with a Chronic Illness or Handicap

Make sure there is a primary caregiver who can give consistent care and build trust with the child and family.

The primary caregiver discusses the child's needs thoroughly with the parents and learns about

- Any warning signs that may signal problems for the child
- Special medications or treatments that may be required
- Behavioral characteristics related to the condition
- What constitutes an emergency – how to respond to it

This caregiver then educates the entire caregiving staff about the child's needs.

Allow for interaction and exploration within the environment consistent with the child's needs. Do not be overprotective.

Notes:

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IV

Respectful Care

In the video *Respectfully Yours: Magda Gerber's Approach to Professional Infant/Toddler Care*, J. Ronald Lally interviews Magda Gerber, an internationally recognized leader in infant care. In the video, Ms. Gerber presents her views on a variety of topics and how they contribute to quality child care. Magda Gerber's philosophy of respect for the competence of infants and of the importance of observing children is explored in three lessons based on the video.

Lesson 14 Respectfully Yours, Part I - Goals

Overview: In this lesson, participants consider the characteristics of quality infant/toddler care, particularly in light of children's developmental changes, and then view the first part of *Respectfully Yours: Magda Gerber's Approach to Professional Infant/Toddler Care.* Following segments of the video, participants discuss issues raised by Magda Gerber.

Philosophy: Infants who are given respectful, personal care can grow into competent, authentic adults. Even the youngest infant has the ability to communicate and respond in her or his own way. Infants need caregivers who allow them time to respond and who will respond to their messages appropriately.

Key Concepts:

- Quality infant/toddler care begins with the caregiver's respect for the infant's abilities and point of view.
- Having the consistency of one special caregiver over time helps the infant learn to predict and become a competent participant in her or his own care.
- All infants need full attention at times (e.g., during caregiving routines). This helps them feel secure enough to be comfortable on their own while the caregiver attends to the needs of other infants in the group.
- Infants' needs change as they grow.

Materials: *Respectfully Yours: Magda Gerber's Approach to Professional Infant/Toddler Care*

Videocassette recorder and monitor

Chalkboard/chalk or easel paper/pens

Time: 60-90 minutes

Preparation: Preview the video *Respectfully Yours.*
Read the video magazine.

OPTIONAL: Additional resources on Magda Gerber's philosophy may be desired. See the following:

Van der Zande, Irena, *1,2,3...The Toddler Years*, Santa Cruz Toddler Care Center, Santa Cruz, Calif., 1990

"On Their Own with Our Help," in the Program for Infant/Toddler Caregivers: *An Annotated Guide to Media Training Materials*

Resources for Infant Educarers, edited by Magda Gerber (Los Angeles, 1979)

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Procedure:

Introduce the lesson with a group discussion.

1. Begin by asking participants, "What are the elements that you think of when you hear the term quality infant/toddler care?" Put their responses on the board or easel paper under the heading Quality Infant/Toddler Care.

   If the following dimensions of quality are not mentioned, ask participants to identify characteristics of quality related to each:

   - Program philosophy and practices (e.g., putting the needs of infants and toddlers first)
   - Physical environment
   - Types of materials available
   - Ratios and group size
   - Style of caregiving
   - Assignment of children to caregivers

Introduce the video.

2. Explain that Magda Gerber is a nationally recognized leader in infant care. She directs *Resources for Infant Educarers* (RIE) in Los Angeles. In this video, Ms. Gerber explains her philosophy regarding many of the issues the participants

have just discussed.

As they watch the first of three segments of the video, they should think about how their beliefs compare and contrast to hers.

Show first video segment.

3. Show a segment of the video from the beginning through the discussion of young infants (to about 12:00 minutes into the video).

Lead a group discussion about the care of young infants.

4. Lead a group discussion on the care of young infants. Begin by saying something such as, "We have just heard Magda Gerber talk about what very young infants need." Then ask some of the following questions:

   - How do you feel about the issue of holding or not holding infants?
   - What are some of the ways infants communicate their desires (e.g., wanting to be held or not)?
   - Magda Gerber says too much stimulation can overwhelm infants. What are some of the things that can overstimulate infants in child care settings?
   - What are some ways to minimize this problem?

Show second video segment.

5. Show the rest of the video through the first fade to black (about 23:14 minutes into the video).

Small groups discuss Magda Gerber's philosophy as it relates to guidance and discipline.

6. Ask participants to form small groups of three to four people to discuss Magda Gerber's philosophy of how respect for infants' autonomy and competence relates to issues of guidance and discipline. Each group should choose either young, mobile, or older infants to focus on and should appoint one person to take notes and report back to the larger group.

Small groups report to larger group.

Reconvene the group, and ask for reports, first from groups that discussed young, then mobile, then older infants. Use easel paper to write responses under the appropriate headings.

Large group reflects on the characteristics of quality care.

7. Ask participants to look at the characteristics of care listed on the easel paper. Ask questions such as the following:

   - Do all elements of quality care apply equally to young, mobile, and older infants?

- Is there anything that anyone would like to change or add, based on what they've heard and seen in the video thus far?

OPTIONAL: Keep group-generated list for future lessons.

8. Keep this list of the elements of quality care to refer back to at the end of the following two lessons on the video, *Respectfully Yours*, and repeat the above questions at the end of each.

Pass out video magazine.

9. Make sure each participant has a copy of the *Respectfully Yours* video magazine which summarizes the points of this lesson.

Notes:

Lesson 15 Respectfully Yours, Part II - Observation

Overview: In this lesson, participants view the second part of *Respectfully Yours: Magda Gerber's Approach to Professional Infant/Toddler Care.* Following the video, participants practice observation skills and compare their findings.

Philosophy: Careful observation of children's behavior is central to Magda Gerber's philosophy of respect for infants. By observing, caregivers learn more about each child's interests and competencies. This improves their ability to respond appropriately, provide equipment and toys suitable to each child's development, and know when and what type of support to provide during the activities of the day.

Key Concepts:

- Caregivers often need to learn to teach and direct children less and to observe more.
- Observation is an important source of information about children that can help caregivers in their efforts to meet each child's unique needs.
- To really observe a child, one must not let preconceived ideas about the child from the past or general child development knowledge interfere with one's concentration on the child in the current moment.
- True observation requires full, undistracted attention. By using quiet moments during the day and/or by sharing responsibilities with a co-worker, caregivers can make time for observation.

Materials: *Respectfully Yours: Magda Gerber's Approach to Professional Infant/Toddler Care*

Videocassette recorder and monitor

Handout #36, Infant Observation Record

OPTIONAL: One or more infants or the video *Flexible, Fearful, or Feisty*

Time:

One hour

OPTIONAL: Conduct this lesson over two half-hour periods, if the opportunity to observe an infant is not available on site, so that participants can carry out observations in their own programs, then come back to discuss them.

Preparation:

Preview the video *Respectfully Yours*.

Read the video magazine.

Make a copy of the handout for each participant.

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Procedure:

Introduce the lesson.

1. Explain to participants that nationally recognized infancy expert Magda Gerber considers that the ability to observe children is one of the most important skills a caregiver can have. Yet true observation is one of the most difficult skills to master. Today you are going to have a chance to think about the value and practice of observing infants.

Show first video segment.

2. Show the video from the first fade to black (starting at about 23:14 minutes into the video) through Ms. Gerber's statement on full attention (about 29:27 minutes into the video).

Lead a group discussion about the issue of "full attention."

3. Following the video segment, lead a short discussion of the issue of "full attention" with questions such as these:

   - Why do you think it's so important to give each child some undivided attention during every day? (Children who get "full attention" for a while feel more secure and valued.)

- What are some ways of showing full attention? (e.g., making eye contact, responding to the child's cues, spending time one on one)
- In what ways can this actually make your job easier? (When the need for full attention is met, the children can play more happily on their own.)
- How can team caregivers in a primary care system help each other have the opportunity to give each child some full attention? (They can care for the rest of their teammate's children while she or he gives one child full attention.)

Show second video segment.

4. Show the rest of this second section of the video to the fade to black (about 32:40 minutes into the video).

Pass out Handout #36 and ask participants to practice observation of an infant.

5. Now tell participants they are going to have the opportunity to practice observing infants. Pass out Handout #36, Infant Observation Record.

If you have access to one or more infants: Assign participants to observe an infant for five minutes. During this period, they should not talk to the infant, but instead should clear their minds and pay close attention to the baby and the baby's behavior.

If no infant is available to observe or the group is large: An alternate way to practice observation is to show extended scenes from any video of an infant or toddler, with sound turned down. One possible video to use is *Flexible, Fearful, or Feisty*, with scenes showing children of differing temperaments.

Observation technique:

Participants should create a running account of the child's movements, sounds, gestures, and facial expressions on Handout #36, Infant Observation Record, as they watch the child.

Participants discuss their observations in a group.

6. Following the observation, participants should refer to Handout #36, Infant Observation Record, to discuss what they observed, what they learned through the observation, and what, if anything, about the experience surprised them. If the group is small, this can be a whole group discussion.

If the group is large, divide participants into small groups of two to four for this discussion. If you use several small groups, ask each group to report on its discussion to the larger group so points from the whole group can be heard by all.

Assign homework: observing a child in care.

7. Assign each participant to spend ten minutes carefully observing a child in care between this lesson and the next. She or he should not try to interact with the infant, but instead should try, without preconceived notions, to pay attention to the baby and the baby's attitude and behavior.

Replay the video.

8. If time permits, rewind the video and show the second part of *Respectfully Yours* once again. Viewers often find something new in the video during a second viewing.

Handout #36
Infant Observation Record

Spend ten minutes observing an infant or toddler. During this time, try not to interact with the child, but merely watch what the child is doing. Pay close attention to the details of the child's behavior, including body language. Jot down your observations as you see them. (Use the back of this sheet if you run out of room.)

Describe the infant or toddler's behavior:

What was the setting?

What is the age and sex of the infant or toddler?

Notes:

Lesson 16 Respectfully Yours, Part III - Self-Motivated Learning

Overview: In this lesson, participants view the third part of *Respectfully Yours: Magda Gerber's Approach to Professional Infant/Toddler Care*. Following the video, participants discuss what they have learned.

Philosophy: Infants are naturally motivated to do what they need to do in order to learn and grow. Stimulating the infant to learn specific things or using physical equipment that limits the infant's movement inhibit the infant's own developmental process.

Key Concepts:

- When infants are not allowed to do what they can do or are pressured to do what they are unable to do, they can become stressed and frustrated.
- Attempts to stimulate infant learning often amount to interrupting the infant's own learning process.
- Infants learn through an interplay of sensory, motor, and emotional experiences. Elaborate toys and equipment, designed without regard for this learning process, are sometimes mislabeled as "educational." Simple toys that can be used in a variety of ways are more valuable learning tools for infants and toddlers.

Materials: *Respectfully Yours: Magda Gerber's Approach to Professional Infant/Toddler Care*

Videocassette recorder and monitor

Chalkboard/chalk or easel paper/pens

Time: One hour

Preparation: Preview the video *Respectfully Yours*.
Read the video magazine.

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Procedure:

Generate a list of learning materials, equipment, and activities participants use.

1. Begin the lesson by asking participants to list learning materials, equipment, and activities used in their infant/toddler programs. Write their nominations on the blackboard or easel paper.

Introduce the video.

2. Introduce the video by explaining that nationally recognized infancy expert Magda Gerber has some strongly held views about how equipment and activities should be used with infants and toddlers. She discusses these in this part of the video *Respectfully Yours*.

Show the video segment.

3. Show the video from the second fade to black (about 32:40 minutes into the video) to the section on infant stimulation and equipment (about 47:29 minutes into the video).

Ask participants to react to Magda Gerber's beliefs about equipment and activities.

4. Following the video, lead a group discussion with questions such as the following:

   - How do you feel about Ms. Gerber's statements about swings, walkers, and so forth?
   - Do you agree with Ms. Gerber's positions on infant stimulation? Why or why not?

Review the generated list at start of lesson.

5. Look back at the list of equipment and activities created prior to viewing the video. Based on what participants learned from the video, are there any things they think they might stop using? Why? Anything they would add to the list?

Volunteers conduct a role play between a caregiver and toddler.

6. Ask for volunteers to role play a caregiver with a toddler who is climbing a slide alone for the first time. Discuss the role play with the group afterwards. Ask, for example:

Discuss the role play.

- Did the caregiver allow the child to figure the problem out for herself or himself?
- Was the child in danger of falling at any time?
- How do you ensure safety without interfering with a child's natural movements?

Replay video segment. Participants identify Magda Gerber's most important message.

7. Reshow any part of the video of special interest to the group. Ask, "What would you say is Ms. Gerber's most important message?"

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Video Outlines: A Guide to Finding Video Segments

Video Outline
for
Together in Care: Meeting the Intimacy Needs of Infant and Toddlers in Groups

Together in Care is a 27-minute video that describes three characteristics of high-quality care: a primary caregiver, a small group, and continuity of care.

Video Marker/Content		See Also: Videos/Guides
0:00	Birth scene – attachments to a few special people provide the foundation for healthy growth and learning as the infant moves out into the world.	*A Guide to Social-Emotional Growth and Socialization*, p. 15
1:13	Titles.	
1:41	Infants and toddlers in child care need a continuing relationship with a few people in an intimate environment that can be achieved with three policies: primary care, small groups, and continuity of care.	
2:14	**Primary care:** The relationship between caregiver and child is the cornerstone of good care.	*A Guide to Social-Emotional Growth and Socialization*, p. 59
3:00	The primary caregiver is one person assigned to a child's care who provides stability and familiarity.	Video: *It's Not Just Routine* *A Guide to Routines*, p. 2
3:14	Magda Gerber comments on the infant's need for stability.	Video: *Respectfully Yours*
3:49	Erica and Maggie, her primary caregiver, Maggie and Erica's mom can share information directly.	*A Guide to Creating Partnerships with Parents*, p. 7
4:55	Yolanda Torres explains that the child needs a person who loves her or him; the caregiver and child are a team.	
5:30	Erica can accept Maggie's care for others because she is secure in the relationship.	

Video Marker/Content		See Also: Videos/Guides
5:57	How caregivers share responsibilities in a primary care setting is shown.	
6:15	Jeree Pawl explains that primary does not mean exclusive.	
6:58	Erica and Maggie both benefit from their relationship.	
7:29	If the infant's day is longer than the caregiver's, a second primary caregiver is assigned. Caregivers share information as shifts change.	
8:06	Programs with primary care benefit both child and caregiver.	
8:33	Transition to **small groups** begins.	
8:44	Titles: Small groups promote personal relationships, quiet exploration, and one-on-one interactions.	Video: *Getting In Tune* "Responsive Process"
9:38	Shirley Adams explains how small groups reduce discipline problems.	*A Guide to Social-Emotional Growth and Socialization*, p. 64
10:06	Small groups reduce noise and stimulation.	
10:17	Magda Gerber says that infants learn from each other.	Video: *Respectfully Yours*
10:34	A setting with 18 people in the room lacks intimacy; children are aimless.	*A Guide to Setting Up Environments*, p. 17
11:15	Small groups provide fewer distractions; activities are more focused; it's easier to be heard and understood. Small groups build stronger relationships between child and caregiver.	Video: *Ages of Infancy "Caregiver's Role"*
12:11	Every study shows that small group size is a key factor in quality of care.	

Video Marker/Content		See Also: Videos/Guides
12:30	Young infants should have only a few people to relate to.	
12:52	Jeree Pawl: Small groups are especially important for young infants.	
13:17	Intimate settings help new or cautious children because the caregiver can pay attention to each child. A new child can be more easily integrated into the group.	*A Guide to Social-Emotional Growth and Socialization*, p. 12 Video: *Flexible, Fearful, or Feisty*
14:02	Small groups offer benefits to everyone.	
14:24	Group size recommendations are given by age group.	
15:59	Child:caregiver ratios are not enough; total group size is important.	
16:28	**Continuity of care:** Shirley Adams describes what it was like at her center when infants moved up to a new caregiver.	
17:16	A deep connection builds when the relationship between child and caregiver is allowed to grow.	*A Guide to Social-Emotional Growth and Socialization*, p. 40
17:53	Switching caregivers takes its toll; the child has built trust, and now she grieves.	Video: *First Moves*
18:35	Jeree Pawl: Children lose their sense of self when they change caregivers.	
18:55	A child becomes reluctant to form new relationships; acting out frustrations can affect the whole group.	
19:21	Jeree Pawl: Changing caregivers narrows the child's perspective.	
19:33	A child has to learn new ways of being, which is confusing.	

Video Marker/Content		See Also: Videos/Guides
20:36	Jeree Pawl: The better a caregiver knows a child, the more easily she can read subtle cues from the child.	
20:53	Lizzie and her caregiver over a two-year period are discussed.	
21:29	Yolanda Torres: It's important to show caregivers that each stage of a child's life is important; continuity of care builds a complete relationship.	*A Guide to Social-Emotional Growth and Socialization*, p. 65
22:13	Continuity of care has created a springboard for Lizzie to grow.	
22:41	Yolanda Torres: Continuity of care also means continuity of the child's routines and peer group, which is important for socialization.	
23:11	Continuity fosters rich exchanges between children and the beginning of cooperation.	
23:34	Continuity of care doesn't just happen. It requires policies, such as one of the following.	
23:41	Same age enrollments; the environment needs to change as children grow.	
24:18	Mixed age groups; these require diverse environments.	
24:43	Family care continuity.	
25:06	Shirley Adams speaks of the ease that continuity of care provides.	
25:25	Continuity of care provides stability for the child.	

25:55 Putting the three policies into practice is crucial. But society has to do its part, too, by supporting high-quality child care with good pay and benefits. Children need a loving home away from home that provides intimacy.

27:09 Closing credits.

Video Outline
for
Space to Grow: Creating a Child Care Environment for Infants and Toddlers

Space to Grow is organized as a conversation between an expert in designing infant/toddler environments and a child care networker. The expert illustrates the key points to consider in setting up an environment by sharing videotaped scenes from actual caregiving settings. The topics covered in the video are also discussed in the accompanying curriculum guide, *Infant/Toddler Caregiving: A Guide to Setting Up Environments.*

Video Marker/Content		*A Guide to Environments*	See Also: Video/Guide
0:00	An overview of the importance of environments to peoples' physical and mental health.		
0:19	Introductory conversation between the expert and the networker.		
1:00	Further discussion of the impact of environments on people.		*A Guide to Social-Emotional Growth and Socialization*, p. 66
1:16	Titles and introduction of video.		
1:43	Environments are more important for infants and toddlers because they can't leave the setting.	pp. 1-3, pp. 50-65	Video: *Flexible, Fearful, or Feisty*
2:20	The expert explains that whatever the specifics, the goal should be to create an environment that allows children to grow safely.		
2:43	Overview of the first four key concepts: safety, health, comfort, and convenience.	p. 7	Video: *It's Not Just Routine* "Feeding," "Diapering," "Napping"
3:12	Overview of the second four concepts: child size, flexibility, movement, choice.	p. 7	

Video Marker/Content		*A Guide to Environments*	See Also: Video/Guide
3:52	The expert explains there is nothing magic about setting up an environment.		
4:18	Introduction to **safety** issues, including walls and floors.	pp. 7-8	*A Guide to Routines*, pp. 84-89
4:30	Impact of color and best choices.	p. 23	
5:02	Impact of noise and how to reduce it.	p. 53	Video: *Discoveries of Infancy* "Role of Caregiver"
5:15	Safety features of floors.	pp. 51-52	
5:53	Further comments on floor and wall safety.	pp. 51-52	*A Guide to Routines*, pp. 72-75
6:13	The expert introduces the importance of **health** issues in planning the environment.	pp. 8-9	
6:24	Ways to provide the best lighting.	pp. 50, 52	
7:06	Fresh air.	p. 50	
7:22	Furnace and heating system.	p. 50	
7:45	**Convenient** design of diapering area, placement of supplies and hot water.	pp. 10-11 pp. 40-41	Video: *It's Not Just Routine* "Diapering," "Feeding"
8:13	Design of food preparation area.	pp. 41-42	
8:20	Selecting portions of the space for different types of activities.		
8:28	Creating quiet spaces and active spaces, use of open space, use of risers.	pp. 28-37	
9:06	Organizing the space for ease and oversight of the children.		
9:31	Outside space considerations.	pp. 10, 44-49	

Video Marker/Content		*A Guide to Environments*	See Also: Video/Guide
9:47	Outside space precautions, including sharp edges, dangerous plants, and fertilizers.	p. 45	
10:18	Creating comfortable outdoor surfaces.	p. 45	
10:28	A caged animal outdoors.		
10:35	Alternatives if outdoor space is unavailable.		
10:46	The expert and networker review the first four concepts. The expert explains that the next four directly support the children's growth and development.		
11:05	Review of the second four concepts: child size, flexibility, movement, choice.		
11:28	Learn children's needs by observing them.		Video: *Respectfully Yours*, part 2
12:24	Discussion of **child size** considerations, including.	p. 12	
12:47	Height of lofts, slides.	p. 25	
13:26	Mix of adult and child size furniture.		
13:48	The expert comments on differences between home-based and center-based environments.	pp. 20-21	
14:05	It is important to plan for maximum **flexibility** to meet the needs of growing children.	pp. 12-14	
14:38	Convenient storage space.		
14:59	Open space in middle of setting where activities can be changed daily.	p. 25	
15:09	Play pits.	pp. 25, 37	Video: *Discoveries of Infancy*

Video Marker/Content	*A Guide to Environments*	See Also: Video/Guide
15:18 An art-to-eating area.	p. 41	
15:33 **Movement**	pp. 14-15	
15:45 Safety issues related to movement.		
16:02 Setting up the environment to encourage movement.	p. 50	
16:08 Multilevel movement.	pp. 35-37	
16:29 Places to climb in family care.		
16:36 Drawbacks of walkers and wind-up swings.		Video: *Respectfully Yours,* part 3
16:51 Children's choices are expanded if the environment is well organized.	pp. 24-25	
17:05 Children need to be able to make **choices.**	pp. 15-16	Video: *Discoveries of Infancy* "Role of Caregiver"
17:23 Well-defined activity areas encourage choice.		
17:28 Displaying toys to maximize choice.		
17:55 Specific areas that children can choose, including.		
18:02 Rest areas.	pp. 37-40	
18:13 Areas to be alone.		
18:26 Ways to separate age groups.		
19:01 Arranging the space so children can play together.	pp. 33-35	Video: *Ages of Infancy* "Mixed Age"
19:22 The expert begins a review of the key concepts covered in the video.		

Video Marker/Content	*A Guide to Environments*	See Also: Video/Guide
19:29 Review of the eight key concepts.	p. 7	
20:25 Credits.		

Video Outline
for
It's Not Just Routine:
Feeding, Diapering, and Napping Infants and Toddlers

The video ***It's Not Just Routine*** is organized into four parts. The first part examines feeding routines, the second, diapering, and the third, napping. These three caregiving routines are exemplified through the experiences of three caregivers, one in a family day care home, one in the infant room of a center, and one in the toddler room of a center. The final part of the video considers ways to make routines part of the child's overall growth experience.

The material covered in the video is also addressed in the curriculum guide, *Infant/Toddler Caregiving: A Guide to Routines.*

Video Marker/Content		*A Guide to Routines*	See Also: Videos/Guide
0:11	Titles.		
0:44	An introduction to routines as the building blocks of the caregiver/child relationship.		*A Guide to Social-Emotional Growth and Socialization*, pp. 50-51
1:33	Two things are important: doing routines properly and doing them with respect and sensitivity.		
2:00	Introduction to three caregivers.		Video: *Together in Care* "Primary Care"
2:55	**Feeding Routines**	pp. 15-31	
3:03	The feeding setting.		
3:13	Infant feeding setting.		
3:26	Feeding in the home setting.		
3:37	Lynn's feeding clean-up.		
3:49	Toddler feeding setting.		
4:07	Feeding *safety* – food preparation.		

Video Marker/Content		*A Guide to Routines*	See Also: Videos/Guide
4:43	Popcorn, raisins, hot dogs unsafe; cutting food into manageable sizes.		
5:15	High chair feeding issues.		
5:52	*Health* concerns – cleaning surfaces and utensils, storing cleaning agents.		
6:33	Washing hands.	p. 24	
7:05	Wearing bibs and smocks.		
7:13	Food choices and storage.		
7:40	Baby bottles.	p. 17	
8:03	Infant feeding techniques.		
8:27	Feeding toddlers – a well-balanced meal.		
9:36	*Review* of the basics of feeding.		
10:06	**Diapering**	pp. 32-43	
10:19	Diapering *setting*.		
11:27	Diapering *hygiene*.		
11:42	Diapering steps.		
14:00	Disposable vs. cloth diapers.		
14:39	*Review* of diapering steps.		
15:13	**Napping**	pp. 54-64	
15:32	Napping *setting* – infant room.		
15:51	Napping in the home setting		
16:20	Napping in the toddler room.		
16:38	*Health and safety* in napping – crib safety.		

Video Marker/Content	*A Guide to Routines*	See Also: Videos/Guide
17:58 Bottles/toys during naps.		
18:49 Wake-up routines.		
19:35 *Review* of napping.		
20:02 Review of feeding, diapering, napping.		
20:17 **More Than Just Routine** - Routines provide opportunity to bond with child and build child's growth.		
20:47 Infant learns to trust by being picked up when he cries; he gains contact from feeding routine.		*A Guide to Social-Emotional Growth and Socialization*, p. 49
21:25 The diapering routine allows contact.	p. 32	
21:44 The feeding routine builds mastery over food and empowerment of child.		Video: *Discoveries of Infancy*
22:22 Nap time provides special moments between caregiver and child.		
22:51 Diapering allows one-on-one play time for child and caregiver.		Video: *Getting in Tune*
23:45 Toddlers are able to be patient waiting for meals to be served when the caregiver engages them with a song.	p. 23	Video: *Ages of Infancy*
24:43 A child's milk spill provides an opportunity for a positive learning experience.		
25:54 Alter routines to meet the unique needs of each child.		Video: *Flexible, Fearful, or Feisty*
25:54 Summary statements of relationships between routines and the overall experience.		
26:51 Credits.		

Video Outline
for
Respectfully Yours: Magda Gerber's Approach to Professional Infant/Toddler Care

Respectfully Yours presents a conversation between Magda Gerber, an internationally recognized infancy expert, and J. Ronald Lally, director of the Center for Child and Family Studies at Far West Laboratory. The video is divided into three sections. The first section considers the goals of caregiving in relation to children's development and specifically considers some of the caregiving issues related to children's developmental stages. The second section focuses on the development of observation skills in caregivers. The third section relates to the amount of stimulation in the environment and the use of various materials within the environment.

Video Marker/Content		See Also: Videos/Guides
0:00	Opening scene after seals.	
0:30	Voice-over introduction to Magda Gerber and her background.	
1:15	Magda Gerber explains her philosophy of care: to raise authentic, competent people using an approach of respect.	
2:35	Lally: What are the key characteristics of quality care?	
2:58	Gerber discusses environmental characteristics such as facility size and materials.	Video: *Space to Grow A Guide to Setting Up Environments*
3:29	Lally: What about the number of children?	Video: *Together in Care*
3:31	Gerber says size is one of the essentials, along with the quality and competence of caregivers. The essence is: If I were an infant, would I like to be here?	
5:27	Gerber: A child should not have to adapt to many different caregivers.	

Video Marker/Content		See Also: Videos/Guides
7:35	Gerber: The most important thing is for the caregiver to slow down and pay attention to the baby.	Video: *Getting in Tune A Guide to Social-Emotional Growth and Socialization*
8:04	Lally: There are three stages of infancy, including young infants, mobile infants, and older infants. How do you care for the young, nonmobile infant?	Video: *Ages of Infancy* "Young Infant"
9:15	Gerber: Don't bombard the young infant with too much stimulation. Make things as easy as possible for the infant.	
11:10	Lally: One of the controversies in early care is how much physical contact should the caregiver give.	
11:29	Gerber: Take your cues from the infant.	
11:57	Lally: How do you care for the mobile infant?	
12:11	Gerber: Create a safe space so their desire to move is not hindered by the environment. Even the very young infant is mobile to some degree.	Video: *Ages of Infancy* "Mobile Infant" Video: *Space to Grow "Movement"*
13:32	Lally: What kind of disciplinary techniques should be used with mobile infants, 13-14 months old?	
13:57	Gerber: From an early age, children need to learn the house rules.	*A Guide to Social-Emotional Growth and Socialization*, "Guidance," pp. 61-78
15:48	Gerber: Gentle monitoring is needed in this middle stage. By 15 months, if the child is biting, you can say no by stating, "I don't want you to bite, and I won't let you bite." But don't interfere in their play with matters of choice.	
17:39	Lally: What if one kid hits another?	

Video Marker/Content		See Also: Videos/Guides
17:49	Gerber: At earlier ages, they're exploring. No "clunking," and you gently redirect them. At later ages, they're exercising power. I make clear the answer is no. I would let two children fighting over an object continue but move close to them to bring security (i.e., "I think you can handle this, but if not, I'm here."). Then give them time to solve their own problems.	
19:41	Lally: What type of care should the older infant, 18 months and up, receive?	Video: *Ages of Infancy* "Older Infant"
20:04	Gerber: They believe they own the world but lack judgment and fear their own power. They require understanding, energy, and guidance.	
21:15	Lally: Are there particular rules (e.g., no violence)?	
21:23	Gerber: You can't hit. The aggressive child is afraid, and you need to set limits.	
21:54	Lally: What about the use of distraction?	
21:59	Gerber: Use it as little as possible because you're manipulating the child's emotions by preventing them from experiencing their own emotions. Wait a period of unhappiness out.	
23:11	**FADE TO BLACK: END OF FIRST SECTION**	
23:15	Lally: Observation is central to your philosophy. How do you teach people to observe?	Video: *Getting in Tune*
23:30	Gerber: It's difficult because you have to get rid of all your knowledge and prejudices and look at the infant as if they were a new phenomenon.	

Video Marker/Content		See Also: Videos/Guides
24:40	Lally: Let me be the baby (makes face). If I look at you like this, what do you ask me?	
25:07	Gerber: Maybe I wouldn't ask anything. I'd just be quietly there. The most important thing is providing security, and your being there can provide that.	*A Guide to Social-Emotional Growth and Socialization*, p. 49
	Most people believe babies are helpless; they feel they must do more to the baby. The more you do, the less you observe.	
	Whatever you do with the baby, give your full attention to that baby, and let the other babies in the center be free to explore their world. This approach refuels the baby receiving your attention.	Video: *It's Not Just Routine* "More Than Just Routine"
29:25	Lally: But specifically how can caregivers learn to become good observers?	
29:40	Gerber: Focus on the baby and "take the phone off the hook." It's so important for the child to receive undivided attention from the adult. It's the best way of giving quality time.	
31:41	Lally: Is there some type of feeling you get when you think you're "getting the message"?	
31:55	Gerber: I think I know most of the time, because I've done thousands of observations. It doesn't come instantly the first time you try it.	
32:37	**FADE TO BLACK: END OF SECOND SECTION**	
32:42	Lally: One of the hotter topics in infant care is how much stimulation to give. What's your position?	

Video Marker/Content		See Also: Videos/Guides
33:10	Gerber: The old school believes babies are empty vessels, and you open them up and pour knowledge in. If you observe babies, you see how interested they are and how they participate in the world around them. "Stimulation" means interfering with that participation. You need to respect what they're already doing, to the point of apologizing if you need to interrupt them to do something. Why try to teach them something if they're going to learn and discover it for themselves?	Video: *Discoveries of Infancy* Video: *Getting in Tune*
35:47	Lally: Are there harmful aspects to stimulation?	
35:54	Gerber: Yes, kids don't know what is expected of them if they're taught things before they're ready to learn them.	
36:34	Lally: How about materials or things to place in the environment? Are there things that are inappropriate or harmful?	
36:49	Gerber: Many. Anything labeled "educational" is probably inappropriate because the child learns through many modes.	
37:28	Lally: What about snugglies?	
37:32	Gerber: It's a sentimental issue. I don't think hanging on a body shows that someone loves you. Love is shown by empathetic attention.	
38:16	Lally: Infant walkers?	
38:18	Gerber: They don't walk in "infant walkers." To learn to walk, they need to crawl. The worst thing about these is that what the child does is not good, and they're not doing what they should be doing to learn to walk.	

Video Marker/Content		See Also: Videos/Guides
39:23	Lally: Infant swings?	
39:27	Gerber: Horrible. What swings do is put the child in an altered state of consciousness, rather than becoming aware of what is pleasant or unpleasant. Later they need drugs to do that.	
40:15	Lally: Any other equipment you're concerned about?	
40:19	Gerber: All of them. A swing is good for children who can climb into one and pump their legs. The child who has to be placed on a swing is not ready for it.	
40:47	Lally: Infant seats?	
40:50	Gerber: It depends on how they're used. Their only appropriate use is in a car; otherwise, they're preventing the child from exploring.	
41:27	Lally: What about infant games and rhyming, music, bouncing, etc?	
41:50	Gerber: Depends on the age and whether you're doing it because you enjoy it and it comes naturally, or you're doing it as part of a "curriculum." A curriculum gives security only to the caregiver.	
43:28	Lally: Are you saying to caregivers not to restrict the environment and not to push the children?	
43:49	Gerber: Exactly.	
44:18	Lally: Suppose the child hurts herself or himself on the stairs. That happens when the child hasn't had experience.	

Video Marker/Content		See Also: Videos/Guides
44:44	Gerber: Teaching the child how to go down the stairs is a big no-no. Don't teach them anything in the area of gross motor development, or they lose the wisdom of their bodies. Most children go down the stairs head first.	
46:08	Lally: Suppose a child is on the table and giving off signals she or he is uncomfortable. You say the caregiver should leave the child there. Why?	
46:34	Gerber: Taking the child down says to her or him: You scream and I come. I'd come near and wait for the child to show me what he or she wants. I'd ask: Do you need help? Should I take you down?	
47:27	Lally: How should caregivers relate to parents? How do they handle the triangle between child, caregiver, and parent?	*A Guide to Creating Partnerships with Parents*
48:02	Gerber: It's an emotional situation. Many caregivers feel they do a better job than the parents. Respect helps. Respect the parents' way of doing things. Parents need and want the reassurance that we really care for your child from the caregivers. That eases the relationship if there are differences. Also, the center should identify its philosophy and make sure everyone knows it. Write it up and give it to parents. You can discuss differences with parents, but you can't please every parent and every parental wish.	
49:54	Lally: What if the caregiver is from a different culture? Is there a way that you can be sensitive to culture?	

Video Marker/Content		See Also: Videos/Guides
50:14	Gerber: I believe in the universality of infancy, which is beyond culture. If you are sensitive to the babies, you can overcome differences in individual culture. The final goal is authenticity. If you treat the infant with respect, you will transcend the infant and treat the parent the same way.	*A Guide to Culturally Sensitive Care* Video: *Essential Connections*
51:35	Lally: How do you sum up? What is your message?	
52:04	Gerber: Two things. About modern times: We live longer, so why hurry up a time that is already so fast? Why push babies more? On the other hand, we live in a time of computers. Let computers store the data. What is important for babies is not how much data they have, but how well they use what they already know. Try less and enjoy it more. Be less busy and more attentive. If you are very tired every night, you're not doing a good job.	
54:05	Lally: Thanks.	
54:17	Gerber: Why shouldn't infants get the best of what society has to offer?	
54:34	Credits.	

The Program for Infant/Toddler Caregivers: Module Training Intensives

Module training intensives are offered to program managers and other professionals responsible for training caregivers. These intensives help trainers deepen their own understanding of each module's content and acquire skills in the integrated presentation of video and guide information. Such issues as whether to show only parts of a particular video, how to address controversies stirred up by a video, how to treat a topic in greater depth by referring to sections of that module's caregiver guides, the use of supportive media and written materials, and suggested learning activities are discussed. Those who complete training in a module are awarded a certificate from the California Department of Education and Far West Laboratory that identifies them as qualified trainers in the specific module in which they receive training. For more information about module training intensives, contact:

Terry De Martini
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Purchasing Program Materials

All of the Program materials may be purchased from the California Department of Education. Costs of materials currently available are found on the order form on the next two pages. The cost for each of the four trainer's manuals is $17.75. The manuals not yet completed will soon become available from the California Department of Education, Bureau of Publications, as will the not-yet-completed videos: *Early Messages: Communicating With Infants and Toddlers*, and *Sharing the Care: Parent/Provider Relationships in Infant/Toddler Care.*

Order Form

These prices may be increased after March 1, 1993.

All items may be purchased separately and/or as part of a module at the special package price.*

Title	*Order number*	*Quantity*	*Price*	*Total*
Module I: Social–Emotional Growth and Socialization				
First Moves - English video	0751		$65.00	
First Moves - Spanish video	0771		65.00	
First Moves - Chinese video	0772		65.00	
First Moves - 50 video magazines	9960		15.00	
Flexible, Fearful, or Feisty - English video	0839		65.00	
Flexible, Fearful, or Feisty - Spanish video	0872		65.00	
Flexible, Fearful, or Feisty - Chinese video	0871		65.00	
Flexible, Fearful, or Feisty - 50 video magazines	9956		15.00	
Getting in Tune - English video	0809		65.00	
Getting in Tune - Spanish video	0811		65.00	
Getting in Tune - Chinese video	0810		65.00	
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This trainer's manual has been designed for use with a three-ring binder so that pages may be easily removed to make copies. You can also insert additional lessons or your own materials expanding on existing lessons.

Included in this package are a front cover, back cover, and spine insert. We recommend that you use a view binder with a clear plastic cover in which you can insert these three items.

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